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OUR ASSOCIATION AND OUR ASSOCIATES.

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Presidential Address before the American Medico-Psychological Association at Boston, May, 1896.

Ladies and Gentlemen, Members of the Association:

We hear of persons who suffer from their misfortunes rather than their faults, and others there are who profit by their good fortune rather than their merit. It seems to me as I address you to-day that I belong to the latter class; nevertheless I am here to speak to and for our association as best I may, and I can, perhaps, serve the present purpose by directing attention to some of the relationships we sustain which seem worthy of review in the light of the newer day into which we are advancing from a dawn which, though a "twilight of the gods" and full of a splendor of its own, was still a twilight and not a full day.

Whether it be true or not that "fair science frowned not on our humble birth," it is certain that science smiles upon us to-day, a beckoning and an inviting smile, not one of approbation; and we for our part have now to consider, and have most earnestly to consider, how we may approve ourselves in the light of science in the days and years immediately before us, in order that the invitation, the favor, and the promise which science holds out to us may be well and wisely met. I would not be understood as undervaluing the past. No matter what brilliant exploits the future in our specialty may have in store, nothing can eclipse or obscure the achievements of the worthies who led the way, whom we revere and to whom the homage of science and philanthropy alike is due. Indeed, the dreariness and dimness of the past only serve to enhance the glory of the stars that forever shine in our especial firmament.

But the fact remains that the past has had its dreary and dismal elements. We have suffered from cold and hunger in an intellectual and spiritual sense, and the position of the medical man in

charge of the average insane asylum has been, to say the least, unattractive. It has been a position of isolation, of hardship, and of little respect, of hard work and poor pay. Nevertheless, noble and able men have always been found in this position, and through their labors and example a better day has been brought about. Our association has changed in twenty-five years and a remarkable evolution has occurred, due to two causes — the devotion and the genius of our fathers and the general advances in the medical sciences. Exact science could never be applied to the material of our study until all the lower and supplementary branches had undergone their highest development. Griesinger somewhere remarks in substance that "if a higher intelligence were to appear and offer an explanation of the genesis of insanity we could not grasp it," but the spirit of the last twenty-five years has been more that of a mathematician to whom I once quoted this remark of Griesinger's. He replied, "I might not understand it, but I would try mighty hard to do so." We have the field of labor of all others most difficult to bring under the domain of experimental and inductive study. In one sense, all the other medical sciences are but handmaids to ours, yet ours was dependent upon these and has in the past been like Cinderella in the fable. Loftily her sisters have passed her by or delivered to her lectures *de haute en bas*, but in the day that is to come we may confidently expect to occupy a prouder position and win the homage of those who once scoffed at our low estate.

If we ask the reason for the opprobrium attending insanity, it is to my mind all explained by one fact, namely, the impossibility that has existed from the first until a very recent day, of forming any rational conception of a material substratum or reason for diseases affecting the operation of the mind. An explanation for these diseases was necessary; the human mind will have its reasons as a child will have toys, be the same good or bad, and the only reason in the last resort that could be given for insanity was that it originated with the devil. Hence all the disgrace, the opprobrium, the shame, the abuse, the ignorance which have clung to the insane and the ideas of insanity.

You will perhaps say that the violent and dangerous acts and the repellant ways and conditions of the insane are a cause of this general repugnance — and yet I apprehend that if these things were traced by the public only to natural causes, as to-day you and I are able to trace them, and if the demoniac idea were omitted from

the calculation, the horror of these things would be removed. There is nothing in the violent and dangerous acts of the insane not fully paralleled by the acts of the sane, or by the evil conditions found in other diseases which render the patient delirious or incapable of self-care. But delirium of fever, the filthy and unpleasant conditions which many diseases produce; even suicide and homicide, when affecting sane persons, are contemplated with a different feeling, simply because the thought of insanity conveys an idea of something mysterious and horrifying.

The value of this association of ours to ourselves and to the community is, and will be, just in proportion to the extent to which we understand ourselves, and are in earnest in making our work count for the advancement of our branch of medical science and for the benefit of those of our fellow beings whose welfare is placed in our hands in a sense and to an extent that is not true of the ordinary relation between physician and patient. It is related of one of your famous Massachusetts jurists that when opposing counsel once reviled him in court and informed him that he was considered a rascal by his neighbors, he replied, "Is that so? I'll inquire." If we make inquiry as to our standing in the community we are impressed with the fact that we are most differently and variously regarded by those round about us. To the general public we are holders of an office and there the matter ends. To these, all office-holders are alike or differ only in degree. But to those who think further, we are holders of an office little to be desired. Mad people and those who care for them are regarded only from an immeasurable distance by the general mind. Perhaps the commonest remark we hear from those whom chance or business throws in our way, is, "Well, doctor, I don't envy you your place." The governor of Ohio once said to me, "I would not be in your place, doctor, for a million." One of our members once innocently remarked to a lady that he thought the calling of a dentist disagreeable, but the lady replied, "Why, doctor, that is exactly what I should say with respect to your calling." Another of our members was told by Hagenbach, the animal trainer, that he would rather be in the cage with his pets than in the position occupied by the doctor. Such remarks are something more than amusing to us, but they help us to see ourselves as the masses see us.

A simple computation will serve to show how little our work touches the every-day life of the community. There are perhaps three insane persons in each one thousand of the general popu-

lation. These three have, to be sure, a certain interest in us, wittingly or unwittingly; and each of these three, we will say, has five who take some personal interest in him or her (a liberal estimate); now add two per thousand for our associates in the same work and a few generous, philanthropic souls who are neighbors to us, in the scriptural sense, and this gives in each thousand of our fellow citizens twenty who have a personal interest in or knowledge of us. All told, we may say, all but one in fifty of our fellow men in the locality where we live, "pass by on the other side."

There are others whose life is narrow from their isolated position, but there is scarcely any other work that is so sharply sundered from common, every-day interest as the work in which you and I are engaged, though it has for all mankind a fascination and a fear. It is looked at askance, with suspicion, and, above all, ignorance. How often have we met wise men only to find them as little enlightened concerning insanity and the insane as the most ignorant. Sympathy and insight are the rarest things to meet; repugnance and doubt are commoner. This is the outgrowth of age-long prejudice and ignorance; of the relics of the old idea that madness is of demoniac origin; that it is a disgrace to be insane; also of the mystery and gloom that have too much surrounded the insane asylum. Further, the idea is, rightly or wrongly, common that the insane are, in general, badly and brutally treated, and that the persons in charge of these abodes are mostly willing, "for a consideration," to enter into and perform a compact to take any innocent and unfortunate wight whose liberty is inconvenient or whose possessions would be convenient to some bad man, and obligingly detain him behind bolts and bars, while the plunder is divided or while he goes hopelessly mad, so that he will never be heard from again. There is no discrimination in the general mind between well or ill managed institutions—unfortunately some badly-managed ones exist to-day, notwithstanding all the progress that has been made — but the best are quite commonly supposed to be no better than the worst. Then the ideas of diabolical conspiracies that had some foundation in fact, possibly, fifty years ago, in other countries, and have been made the subject of thrilling romance, are held still true in our country to-day, and all this misapprehension is kept alive by the lively paragraphs almost daily seen in the press. Whether it be for good or ill, the press does undoubtedly foster false beliefs hurtful to the work of caring for the insane, and will doubtless continue to do so until the masses are too well informed to heed and

read the lively accounts of sane people "incarcerated in mad houses," and stories of inhumanity colored beyond recognition. When these will no longer "sell the paper," then, and only then, will they be dropped. At the same time we cheerfully recognize the fact that our institutions must be elevated to a point in public estimation where the press can neither help nor hurt; make nor mar them. The common conception of insanity is as if the insane were a new and strange order of beings, like the inhabitants of another planet, and we, as their care-takers, are believed to dwell upon the borders of an outlying country impenetrably mysterious, whose inhabitants are more curious in their manners and customs than the denizens of the antipodes, and whose traits are perhaps supposed to show a certain reflex in ourselves.

Thus it comes about that the superintendent of an asylum is constantly misunderstood. If he is frank in admitting a fault, his frankness, instead of being taken as intended, is interpreted as a confession of so much of his guilt as he is obliged to confess and can not conceal. Who of us has not burned with the sense of wrong inspired by the attitude of this uninformed and yet opinionated public? If what I have said be not true, let it be disproved, but if it be true it helps to show why our way has been straight and narrow, and why we are much fenced away from our fellow men, and it is well for us to fully face the fact that we have dwelt much apart from them, whether we be "stars" or "glow-worms."

In our blind enthusiasm many of us go on with our work for years; we think it important; we are absorbed and happy in it; we wonder the while at our little recognition and our isolation, never thinking we and our people are subjects only of mild curiosity to the masses of our fellows. This separation from the ordinary, every-day life of our fellow men is an evil. It were far better for us to enter more into the life of the community in which we live, and despite the fact that our duties are uncommonly exacting and engrossing it seems to me we ought to do so. It is for us to change this atmosphere of doubt, ignorance, and suspicion to one of confidence, respect, and intelligence, and, to my mind, this is our greatest task, next to our professional duties, and, indeed, is part and parcel of them.

By mingling more with our neighbors we not only share with them in the matters of education, religion, politics, and what not, which are universally important and interesting, but they gain a view of us new to them, wherein we and our work appear in a more

natural guise. Above all ought we to mingle more with our fellow practitioners of medicine, as indeed every day shows more plainly that we are doing, and the increasing number of our members receiving calls to chairs of psychiatry or neurology in the medical schools of the United States and Canada is another fact that augurs well for the future position of our specialty in the profession. It is evident that a man who can be Sunday-school superintendent as well as hospital superintendent, who attends the "primaries" as well as the medico-psychological meetings, will have a more rounded and symmetrical existence than he who is an "alienist" and nothing else; and such activity may be made a help rather than a hindrance, as we so often see in the lives of those who accomplish most professionally.

I have spoken of the general light in which we appear, and now come to consider how we stand with those to whom we are brought nearer, our official associates, our patients' friends, our fellow practitioners, and especially our neurological confrères.

OFFICIAL ASSOCIATES.

In our boards of managers or trustees we generally have an association that is of high value to us in our work. The high-minded, able, practical, enlightened, and benevolent men who, as a rule, are selected for trustees or managers give to the insane appreciative service, and give it as a labor of love. Their services may not be perfect, but it is, in my opinion, vain to hope for better results than they have given us. I do not speak here of the exceptional cantankerous or corrupt trustee; we have all seen specimens of the species, but it is fortunately so rare that it does not call for special notice. If there has been a fault with boards it has been over-geniality, but in these days of civil service reform and sharp criticism, such a fault is undergoing correction. It is best remedied by stimulating supervision and criticism from a general board of lunacy or charity; also serving as a "labor of love" and not for a salary. I desire to speak here for the principle of local self-government in lunacy administration — a system wherein local officers are held to strict accountability by a central supervising board possessing fullest authority to review and report their acts, while the local officers retain the right of independent and initiative action. We believe (if I understand the views of this association) that we and our trustees can better know and better meet the needs of our patients than some central bureau

with the bureaucratic and autocratic methods inseparable from arm's-length administration. With an advisory and supervisory board of lunacy or charity which usurps none of our proper powers, but holds us strictly accountable for the exercise of our own, we can sustain a self-respecting and independent relation, honorable and useful alike to both, with no belittling jealousies or conflicts, and no self-absorbing and paralyzing ambition.

ASSISTANT PHYSICIANS.

A word here upon the importance of mutually helpful relations toward our medical assistants. There has been, in the past, perhaps, too little of participation on the part of the superintendent in the purely medical work of the hospital, and the medical assistant has had too little aid and direction from his chief in the duties of the day. The superintendent has given too much time to details of executive matters. There will never be the highest results in medical administration until the superintendent and assistants are each in close touch, one with the other, in the medical work, and this can only be attained by the more complete relegation of all business details to subordinate officers, and such can be easily secured who, under able supervision and discipline, are capable of attending to the routine duties of department administration better than the superintendent himself.

A permanent and honorable career as medical assistant should be open to those who engage in this position, and everything possible should be done to make it attractive. Provision should be made for a certain proportion of married assistants in every large hospital, but they should have their own house. There is also a place for one or more women assistants in every large hospital, a fact that is increasingly recognized.

The association of assistant physicians and their union in a general or several local societies is an object which we would do well to promote. I do not think it is to be feared that outside medical activity of a strictly scientific kind can have any but a beneficial effect in a reflex way upon the hospital.

LEGISLATIVE ASSOCIATIONS.

Regarding relations to the law-making and appropriating power, every superintendent of a State institution has his duties. The only thing I desire to mention in this connection is the importance of laboring in and out of season with legislatures, individually and collectively, to secure recognition for medical science in the finan-

cial provisions made for each institution. The ordinary needs of the insane—even those for recreations, for books and pictures—are now pretty generally recognized, and to some extent provision is made for laboratory and pathological work, but so far only a feeble beginning has been made, and the one provision at this time of greatest importance for the advancement of psychiatry is the better equipment of institutions for clinical study with instruments of precision, for pathological and bacteriological work, and for psychological research. The importance of work of this kind it is difficult to make clear to the average member of a legislative body, and much unremitting work is necessary in this direction. Another object for which systematic effort should be made is the securing of recognition for the training schools by the appropriation of sums of money for apparatus and material for teaching, and to admit of a permanent superintendent, such as all training schools employ in the general hospitals.

NURSES AND ATTENDANTS.

Regarding our relation to those in the subordinate service of the institution, I only wish to speak of one question, that is the question of raising the standard of qualifications for those employed as nurses and attendants. The task of training these for their work is one which can not be performed with too much care and thoroughness, and I have long thought that progress was halting until, by engaging more intelligent and better educated men and women, we can obtain higher skill and talent. The fact that most impressed me in my own training-school days in a large State institution was that I had a great number of men and women who were entirely unable to think abstractly, many of whom, in fact, had never mastered thoroughly the "three r's," to say nothing of anatomical, physiological, and psychological problems, and I found, furthermore, that an effort to secure any large number of men and women sufficiently educated to take up these problems was not successful. Educated men and women do not, as a rule, seek these positions or feel attracted to this work, and when they enter it are not inclined to remain in it very long.

What, it seems to me, is most needed is to make the work attractive for better qualified persons. To do this, better pay, shorter hours, better quarters, larger increase of comfort and convenience, more permanency, are needed, and the elevation of the position to more respect and importance. This latter tends to be accomplished by the very training and schooling. The establish-

ment of the merit system, and a civil-service examination for all who wish to enter the service, as has already been done in some States, will be of great value.

Of others who come in near relation to us there are the patients' friends.

PATIENTS' FRIENDS.

What is there to say of these except that they require our utmost patience and gentleness? They are often exacting, but we would be the same in their places. To those who give us their confidence we are duly thankful. The tendency of human nature to a good opinion of self and distrust of all others we have ever to take for granted. It is shown often in an amusing way by the fondness of the patients' friends for relating their experience and presenting their theory of the "case." The principal thing some of them seem to desire of the doctor is that he shall listen to their exposition of the "case." They feel they have acquired a profound knowledge of mental states by the observation of one, and care more to give you their views oftentimes than to hear an expression of your own.

NEUROLOGICAL ASSOCIATES.

Our specialty, and that of the neurologists, touch at the edges, and these edges, like the borders of most naturally demarcated territories, are ragged and rugged, and many a bewildered mortal has gone astray in them. A predatory disposition has been shown at times, and "border wars" have not been unknown. Some neurologists have shown a disposition to annex the neighboring "land of promise," but eventually there will be a "united kingdom" under the domain of science.

Our neurological associates judge us (and can but judge us) from the medical standpoint, pure and simple. They thus see but a part of our life and work, for we have economic, administrative, and humanitarian duties that they know not of. In regard to these latter we have listened to much advice, but we fail to find a way to do our full duty without giving much time to affairs other than medicine. Looking at the neurologists from the standpoint of psychiatry we gain, likewise doubtless, a partial view. But we have only admiration for their facile command of all that is new and much that is good in theory and practice, though we find them somewhat unpractical in the care of the insane. In their own field of activity they derive enormous advantage from the daily, living contact with the medical life of the great centers, living, as they do,

only in the larger cities, while we suffer corresponding loss from our isolated and mostly rural situations. Their whole energies are concentrated in a narrower channel than ours, and hence produce more marked and immediate results. Their positions are independent; ours are complicated by official obligation, and in many cases suffer from the inevitable evils of officialism.

It is not possible to contemplate our relations with our neurological confrères without calling to mind the criticisms directed toward our association by one of the most highly placed and highly honored of their number, in an address to which we listened in Philadelphia, in 1894. That address was intended to hold up a mirror wherein we might see our true lineaments. Its glittering surface, however, reflected an image which we do not believe candor and truth would recognize. In this we may be mistaken, but we think the knowledge shown of our work was incomplete. Dr. Mitchell had certainly never "put himself in our place." If he was not prejudiced, yet preconceived ideas were apparent in some of his utterances. His "aloofness" was as great as would be that of a naval commodore who should assail the army for not winning victories upon the high seas. Something more of insight, something less of asperity, will be needed by him who is to address us with edification. Some of the listeners to this eloquent but not persuasive address felt wonder, some sorrow, some resentment. Let us hope that some were large of heart enough to receive such good counsel as was given into honest hearts, if not to cry, "Lord be merciful to me a sinner!"

Some have believed that his arraignment had done much injustice, and it is possible that the use of it made by the press may have increased already existing prejudice, but the people who know of Dr. Weir Mitchell and his criticism are mostly capable of judging for themselves, while the great public little knows and little cares for learned doctors' sayings.

I do not mean to be understood that there was not much of wholesome truth in Dr. Mitchell's address, but the manner of its deliverance was such as to defeat its object, if its object were to win from error and show "a more excellent way."

COMMITMENT OF THE INSANE.

Regarding the subject of commitment of the insane to hospitals and asylums, I desire to speak briefly, as this is a matter affecting our relation to the courts of law and our standing in the community.

Insanity is a disease with the two unhappy and unique peculiarities of generally requiring treatment away from home and interference with personal liberty — either for better hope of recovery or for safety — and these facts lead to complications and embarrassments for all concerned.

The one question I wish to raise in this connection is as to the truth of claims that sane persons are, with wrong motives and by the use of fraud and conspiracy, committed to and confined in institutions for the insane. I can, perhaps, say nothing that is new on this subject to the members of this association, but am seeking to reach beyond our immediate membership in these remarks. The belief that sane persons are confined with the insane one may suppose is rather commonly entertained, judging from expressions frequently heard, from paragraphs in the press, and from the portrayals of novelist and playwright. This belief is kept alive by the cases occasionally occurring, in which persons who have been in institutions for the insane and are released by the hospital authorities, or sometimes by the courts, set up the claim, and often maintain it most plausibly, that they were never insane. Such persons meet with and deserve the greatest kindness and sympathy. It is natural that they should make such a claim and there are rare cases in which it is true. Mistakes are made and sane persons are sometimes sent, even by "juries of their peers," to the hospitals. Sometimes, furthermore, persons undoubtedly insane are sent to the asylum whose condition did not really require commitment. The difficulty with the public understanding of these cases is that it is impossible to discriminate, and if a commitment has been or seems unjust they blindly fix all the odium upon the institution. There are many cases in which, when commitments were made by courts and were wholly right and proper, they may appear at a later time to be wrong to the uninformed, through misapprehension or misrepresentation. Some considerations which would enable the people to judge more intelligently may be here adduced. We of this association know that many ill-balanced, highly nervous persons often become "raving distracted," and wholly unable to control themselves under some especial strain or shock, and are committed to the hospitals, but after a short period of care and rest often regain self-control and temporarily, or even permanently, thereafter evince a propriety of conduct which never would have been attained except as a result of their commitment and care in the hospital — and here one is reminded of a popular error, which

is, that if a person is sane to begin with, commitment to an insane hospital or "incarceration in a mad house," as it is generally styled, would soon develop "raving madness." Now, the truth is, that any person when first admitted to any respectable hospital, who shows even superficial rationality, has all surroundings and privileges regulated accordingly, and so far from being driven to madness, would have rest and quiet and comfort, such as few could command in their own homes. So far from such cases being "driven to madness," the truly mad often become speedily sane under such circumstances.

Again we know that alcoholic and other toxic conditions and various acute crises in life, as well as various acute bodily diseases, produce delirium or other mental states that lead to commitment, with regard to the propriety of which opinions may honestly differ.

We know that there is an ignoble army of cranks, many of whom, under the tonic effects of confinement in a well-regulated lunatic hospital, are shortly enabled to pose as belonging to the "noble army of martyrs," and the public will give them tender sympathy so long as they commit no violent act. These are the very ones who are often subject to homicidal tendencies, and when these appear the public sympathy turns to thirst for blood. We of this association think we have a wiser view of these cases in keeping them safe, but they are often released by courts in habeas corpus proceedings, and then our public cheerfully remark: "Did I not tell you so? Here is another case of a sane man locked up in an insane asylum." Another source of public misapprehension is the fact that press reporters, men and women, have at different times successfully planned to be committed as insane, and from the fact that this has been done, the people argue the easy commitment of other sane persons, not seeing the fallacy involved in the inference that because a sane reporter, trying with all his might to pass muster as insane, can succeed in accomplishing this feat, therefore any and all other persons not wishing to be considered insane nor to enter an asylum are *pro tanto* liable to be pounced upon and incarcerated. We know that the examiners and custodians of the insane were imposed upon simply because they had no reason to suppose any of their inmates were making so remarkable a "sneak," if I may indulge in slang, as to steal the garb of lunacy to clothe a scheming mind.

The opprobrium of various evils for which we are in nowise responsible thus comes upon us. Some blame lies somewhere in

some of these cases, and in others there is nothing wrong; but whether there is real wrong or no, all the odium all the time is apt to light on us. Some head must be hit, and ours is the only one fully visible, so it receives the blow. Public reproof, like death, "loves a shining mark," and our devoted heads, metaphorically (and sometimes literally), *are* such a "shining mark"! But the question with which we and the public are most concerned is whether corrupt or fraudulent commitments and detentions occur for which we, the members of this association, or any of us, are responsible. I have made an earnest effort to get facts of this nature, if such there were, and will read extracts from the letters which I have received.

My information comes from men whose word is authoritative, who are thoroughly familiar with this subject, and who are mostly connected with lunacy administration, as commissioners or members of supervising boards in their respective States, and who should be the ones to know of and correct these evils if they exist.

From Pennsylvania, Mr. Philip C. Garrett, long identified with all that is good in public benevolence in his State, writes: "I do not know personally of a single instance of fraudulent commitment or malicious or intentional illegality in commitment."

From Massachusetts, Mr. Frank Sanborn, thoroughly versed in all that pertains to this matter, writes: "No commitments technically fraudulent have been so declared in Massachusetts by any court, so far as I know, since our commitment law took effect seventeen years ago. Nor have damages been recovered, I think, in any case of false imprisonment of the insane for thirty years." He mentions two cases of persons who, though admittedly insane, were released by courts as capable of care outside of an asylum.

Concerning Illinois, Dr. Wines, for a long period of years secretary of the State Board of Charities, writes: "I am most happy not to be able to give you any information. I have not known of an illegal or fraudulent commitment to a hospital for the insane in my twenty-four years as secretary."

From New York, the State Commissioner in Lunacy, Dr. Carlos F. MacDonald, writes: "Speaking from personal observation and experience, covering a period of twenty-five years, I have yet to find a case of whose insanity I had any reasonable doubt, except in certain convalescent patients who were about ready to be discharged from the institution as recovered. * * I have not as yet found an authenticated instance of a sane person being certified as

insane and incarcerated in an asylum through fraudulent intent, corrupt collusion, or conspiracy on the part of physicians. We are all aware that mistakes in diagnosis occur, but these cases are quickly detected in the hospitals and their release promptly provided for. Moreover, in every case coming within my personal knowledge where a court or jury has discharged a person brought before it on a writ as not insane, the subsequent history of the case has shown that the patient was insane, and in a majority of cases they have been speedily recommitted, it having become necessary to again place them under control. In fact this has been the history of substantially every *habeas corpus* case that has occurred in this State."

From Ohio, Gen. Roeliff Brinkerhoff of the State Board of Charities writes: "I have been for eighteen years upon the Board of State Charities. I have never known of a single instance of illegal or fraudulent commitment to an institution for the care of the insane in the State of Ohio."

From Minnesota, Rev. H. H. Hart, secretary of the Minnesota State Board of Charities for many years, after speaking of the cases of two persons admittedly insane, in whose commitment there was, or was claimed to be, technical error, states: "We have had two or three cases of patients discharged by the superintendents on the ground that they were not insane. These are the only cases of illegal commitment known in Minnesota to its State Board."

We find evidence in the above, and other cases, that the officers of asylums refuse to retain cases if found not insane.

Such statements as the above might be indefinitely multiplied, but for the time it would consume to present them.

Now on the subject of probable or possible conspiracy to incarcerate a sane person, a few words. The assertion is occasionally made that two doctors can "railroad" any man into an asylum upon the instigation of one or more wicked men.

Let us examine this statement and what it involves: Besides the "villain of the piece," there must be two doctors who are legally qualified practitioners and who are also villains. There must be concealment from, or connivance with, all the persons who daily come in contact with the victim. Then, at the institution after the patient is "landed," there must again be connivance and concealment by doctors, nurses, and all others who have any knowledge of the individual. It will be seen that a combination is required so complicated as to be hazardous in the extreme.

Upon this point the language of Lord Shaftesbury may be quoted. The Earl of Shaftesbury was for fifty years chairman of the English Commission of Lunacy, and he stated before a committee of parliament in 1877, as follows: "I believe conspiracies, in ninety-nine cases out of one hundred, to be altogether impossible. The number of (medical) certificates (of insanity) that have passed through our office since 1859 is more than 185,000. Out of all these, I do not think so many as one-half dozen have been found defective. I am quite certain that out of the 185,000 there was not one who was not shut up upon good *prima facie* evidence that he ought to be under care and treatment."

Now I wish to advert to a cause of the widespread suspicion often attaching to these cases — which is, that all the people connected with them are apt to act precisely as if they *had* done something wrong. Owing to the fact that insanity is considered a disgrace, or that the knowledge that a person has been insane hurts his business reputation, it comes about that when an individual unfortunately becomes insane, there is a natural desire on the part of all the friends to conceal the matter. Access to the patient is prevented, the friends will claim there is nothing wrong, yet no one sees the patient; the family doctor is equally reticent. If the patient goes to an asylum, it is given out that he is "in Europe," or in "the mountains," or a mysterious silence is maintained. All these circumstances feed suspicion, and if in addition the patient has wealth, or there is a family disagreement, the materials are all at hand for a fine sensation, and they are duly combined by inventive minds in the spiciest manner possible. Meantime the hearts of the afflicted friends are silently bleeding with a grief bitter enough without this added blight of suspicion, and at the same time a widespread error is being more deeply graven on the public mind.

But it will be said Lord Shaftesbury admits one case of fraud in 100 is possible, and this brings us to another source of mistaken opinion. It is not claimed that villainy or attempts at villainy are impossible; the only contention is that if there are wrong or unjust commitments the authorities of the institutions are not responsible for them; indeed the records show that they are, from time to time, releasing persons sent to them who are found to be not insane.

The attempt to form and carry out a conspiracy such as we are considering would involve so many risks and contingencies that the most bold and hardened evil-doer would shrink from it, or, if he

persevered, bring the merited punishment of the law upon his head; and at this point another question naturally presents itself: If it has occurred frequently that sane persons have been committed to asylums as insane, surely some of those who regain their liberty would seek and obtain redress at law. Of the many cases, first and last, released on *habeas corpus*, some would recover damages for false imprisonment. I have earnestly sought for cases of this kind, asking all the gentlemen whose statements I have given, and many others in various States, if they knew of such cases personally, or could refer me to others who did. I also made the same inquiry of Mr. Alfred Bach of New York, the counsel for the "Society for the Relief of Persons Improperly Committed." Mr. Bach gave me a list of seven cases of commitment which he considered to have been made "without just cause," but furnished no facts as to suits for false imprisonment, or their results. Mr. Bach gives a case of a woman who was certified insane by a physician who did not see her, but adds that she was released by the authorities of the asylum as not a proper person to be there. There is in Mr. Bach's statement nothing to show wrong or malicious action on the part of officers of insane hospitals.

He cites the case of Miss Anna Dickinson as one of his seven cases committed without just cause. Regarding this unfortunate case, litigation is still pending, but the facts leave room for an honest difference of opinion as to the alleged insanity. One suit for damages has been carried through to a disagreement of the jury and a new trial is pending. In the case of another well-known woman, who has recently started at Chicago upon a lecturing crusade against hospitals for insane, it is to be borne in mind that a jury heard her case and pronounced her insane before her commitment.

Still another able but erratic woman, whose case is worth recalling, is Mrs. Elizabeth Packard. Her case was one in which the evidence of insanity, before and for some time after her commitment, was convincing, but it may be that her detention continued after she was well enough to have been released. Be this as it may, she had remarkable brilliancy and power after her release in agitating for legislative changes, and the jury law for trial of the insane in Illinois and the postal laws in several States were due largely to her efforts. These laws have now all been repealed, the last to go being the jury law in Illinois. This law was in force for about twenty-four years in Illinois, and an investigation which I made in

1893 showed that twenty-nine cases had occurred of sane persons being found insane by juries, and twelve instances where insane persons were brought in as sane, and subsequently required a second trial, in which they were found insane. These were such cases as I obtained personal knowledge of, but there were many more.

But to return to the question of suits for damage for false imprisonment, the following are the only cases concerning which I could gain information: *First*, About fifty years ago, I learn from Dr. Robert H. Chase, superintendent of the Friends' Asylum at Frankford, Pa., that a man who had been confined in that institution recovered damages in quite a large sum from the superintendent and trustees. The particulars Dr. Chase could not give me. Some of those who knew personally of the case, allege the patient was undoubtedly insane, but popular clamor was instrumental in producing the verdict. *Second*, There was a case in Michigan, about fifteen years ago, in which a verdict for damages was rendered by a jury * against the superintendent of the Eastern Michigan Asylum. The case went to the Supreme Court, which ordered a new trial. There was a technical defect in the commitment papers, but on the second trial the judge took the case from the jury on the ground that no evidence existed to show anything but *bona fides* in the conduct of the superintendent.

Finally, I learn of one case from Dr. Ralph L. Parsons of Greenmont on the Hudson, which he describes as follows:

"One case in which damages were recovered on the ground of illegal commitment has come within my knowledge, the committed person being really not insane. But the doctor who was mulcted in the sum of $500 was honest in his opinion, which was really a charitable view of the outrageous conduct of the person committed. These are the only cases of damages being awarded of which I have been able to learn."

Physicians are apt to maintain that insanity is simply a disease, and they alone should pronounce as to its existence; on the other hand, lawyers in all cases where personal liberty is in question think the court should intervene. This difference of views leads to conflict. Views come in collision and will continue to collide until all the error is destroyed that can be destroyed on both sides; but no matter how perfect our forms of commitment, there will always be cases of difficulty and differences of opinion, at least this side of the millennium.

* JOURNAL OF INSANITY, Vol. xxxvii, p. 23.

THE PROPER LEGAL SAFEGUARDS.

The principles, the necessity of which would seem to have been established by experience, are: *First*, A medical certificate by two physicians competent under provisions prescribed by law. *Second*, The approval of the medical certificate by a judge of a court of record, and his examination or hearing of the patient, unless he deems it unnecessary, and so states. *Third*, Notice through the alleged insane person of the intended proceedings if considered necessary by the court. *Fourth*, A jury trial if called for by the patient or some responsible person, or deemed necessary by the court. *Fifth*, The filing with a State Board of Lunacy or Charity of copies of the papers in each case within a brief period of the arrival of the patient. *Sixth*, Under certain restrictions patients may be allowed to voluntarily enter the asylum.

The most contrary requirements present themselves in lunacy cases. Insanity is a thing concealed from the world as much as possible.

It seriously compromises the whole future of the patient to have it known he is or has been insane. Hence the effort in the patients' own interest to hide it. On the other hand, to legalize secret commitments would lead to serious abuse. How can a law work with perfect satisfaction in the face of these opposite requirements? The only course open is to give the largest discretion to the courts.

It would save misapprehension, however, if the people were more fully informed as to the working of the law and the difficulties encountered, and a statement of this kind I have here sought to make, imperfect as it is.

Real or alleged wrongs may occur in some of the following ways:

A person who is sane may be committed to the asylum by error or fraud, but experience shows that any deliberate or intentional fraudulent attempt of the kind is so rare that it can only be placed in the category of other fraudulent or criminal violations of law. There is no systematic or prevalent attempt to practice wrong in this way. Practically all wrongful commitments are the result of ignorance rather than malice, whether done by juries or physicians' certificates. Persons who are actually insane are sometimes committed when they could have been provided for otherwise, and there are some cases in which there is a difference of opinion as to whether the patient has recovered; many of these furnish the *habeas corpus* proceedings, and many persons are released by

courts by *habeas corpus* who have not recovered, and whom it is found necessary to commit again. Persons not strictly insane, but victims of morphine, alcohol, etc., or of delirium from toxic conditions, are occasionally committed as insane, but speedily recover, and are perhaps not at any time insane, in the full meaning of the word.

THE INSANITY PLEA IN CRIMINAL CASES.

In connection with our legal relations another subject is worthy of mention. I refer to the disposition to be made of cases in which crimes are committed by persons mentally defective.

An earnest word should be spoken on our attitude toward crime and insanity, especially as regards the so-called "homicidal crank." It is believed by members of this association, and by others who have the fullest means of study of insanity as related to crime and criminals, that the perpetrators of homicidal acts or attempts like those of Guiteau, Prendergast, and scores of others more obscure, differ so wholly from the sane murderer that their treatment should be different. This position is at present unpopular. The general public sentiment seems to favor precisely the same penalty for the paranoiac, or what is called the "monomaniac" or the "crank," as for the fully sane.

The fact that insanity is sometimes fraudulently used as a plea, has created a prejudice in these cases, but greater discernment is what is needed. The threadbare plea that the individual "knows right from wrong" has been sufficient to hang many a mentally defective wretch, but is beginning to show signs of decay as it is becoming known that half the admittedly insane in asylums "know right from wrong" in the same sense. But there is on the part of the public generally, and even of the enlightened and humane public, a disposition to dismiss all pleas in favor of the recognition of irresponsibility of the homicidal crank as "maudlin sentimentality."

When the president of one of our great universities publicly declares that the retaliatory policy is, in his opinion, right, and that society should kill the so-called crank who takes or attempts the life of another, we can not wonder that the untutored mind demands his crazy head. And, so far as the unhappy wretch is concerned, whose weak mind conceives murder to be justifiable from inability to reason, it can make little difference whether life is given or taken, it is of so little worth. What we feel more concerned about is the honor and the intelligence of the State. We think the

community which seriously treats such weaklings as fully responsible and metes out to them under the guise of stern justice the same punishment it inflicts upon a criminal of intact reasoning power, takes an illogical and erroneous position.

We believe there will be an awakening upon this subject, and the growth of newer and better views. The International Prison Congress, at Paris, in 1895, took action by passing a resolution that insane persons committing crimes should be confined "pending consecutive action of administrative, judicial, and medical boards."

An injury is, however, done the cause of justice by the tendency to claim that all criminals of every degree are mentally defective and irresponsible. It is true there has not been sufficient discrimination in the past in our administration of so-called justice; but the present tendency, under the theories of degeneracy, to class all criminals in a separate category, and in case certain physical evidences of defect are found, to infer their irresponsibility, is ill-judged. There is doubtless much of truth in the theories of Lombroso, but we are not ready yet to generalize or take practical action upon them.

We who would see these wrongs remedied must recognize the fact that the only remedy is the creation of a system of proper provision for insane criminals. This is the greatest desideratum, and it is useless to complain of the execution of insane homicides until a better way has been provided of disposing of them. This has been done in England, and the Broadmoor criminal asylum receives the crazy homicide and securely and permanently guards him, and no one complains.

MUTUAL RELATIONS.

One of our relations, of which I have not spoken, is that which we, as members of this association, sustain one to another. This is so well understood it needs no words of mine. It is said that there is no sympathy so keen as that which unites "two sufferers from the same kind of rheumatism." Our bond is one in which we do mutually condole at times over the trials of these days of degeneracy. Yet our aims and prospects are inspiring enough to relieve the gloom. There is no lack of objects which we may unite in furthering with earnest good will, which invite to cheerful contemplation. Indeed, the problems that present themselves and the means of their solution are so numerous and so important as to leave no time for repining. In pursuing the various branches of our work, whether

we scrutinize the ultimate nerve elements of the cortex and trace to the cell and its ramifications the effects of fatigue or poison; whether we analyze the secretions of the body, and by more profound and patient study discover new morbific causes and their remedies; whether we search out and record the reactions of the neuron to its various stimuli in health and disease; whether we busy ourselves with the conditions, social, racial, hygienic, which tend to mental overthrow; whether we are engrossed with the material or the psychological side of our calling, our one object of lifting the art and science to which we are devoted to a higher level and improving the condition of our people must ever remain with us.

Many are the lessons we have learned, many the illusions we have lost; but in place of these we gain newer and truer conceptions, which may be in a healthy sense called "imperative conceptions," to be put in force and action for the furtherance of our work.

Let us remember that for every splendid blossom, for every luscious fruit of science, for every widespreading tree that gives its shade and shelter, there are, deep in the cool, dark soil, downward-reaching, unseen roots that afford strength and absorb nutriment to be transmuted into light and beauty; and the labor which we do in the quiet and obscurity of the study shall render our organization strong and full of life to grow broadly and burgeon blithely with the expanding years.

In conclusion, I can but advert to the great amelioration which is going on in the bitter and painful conditions which have surrounded the insane and those charged with their care. Amid all the changes of the past we may discern the workings of a benign Providence; the good genius of our association has never deserted us, and warrants us to look for years of ever-brightening and broadening usefulness and renown.

After having served, and promising still to serve, you to the best of my poor ability, it only remains for me now to express my thanks for the kindness shown by the association to me.

THEN AND NOW, BEING PICTURES FROM THE PAST.

BY W. W. GODDING, M. D.,
Superintendent Government Hospital for the Insane, Washington, D. C.

When a man has been for more than a generation identified with the care of the insane, and for upward of a quarter of a century the responsible head of a hospital for lunatics, and, if you further add that his picture and obituary appeared in the JOURNAL OF INSANITY six years ago, you have made out a *prima facie* case that he is dead, or ought to be. Should such a person rise to read a paper before you to-day it would be only right for him to state what reason he has for breaking the silence which "oblivion with her poppy," blindly and kindly was scattering above him.

The trouble with me is that without sufficient excuse I am violating all the proprieties—I continue to be very much alive. True, the years have for a long time been running against me, but it is some other fellow who has grown old. Through all disheartening labors, in disappointments and discouragements, with life disillusioned and disenchanted, I have kept the faith; I have not been "disobedient unto the heavenly vision"; the light of the morning has not faded, and from the hopes that met me on the threshold of my life-work I have not yet parted company. Good, so far, but how about results? With opportunity superadded to dream what has the harvest been? Turn on the X rays of experience, then tell us how far you can see into the human brain. Is it polarization of cells of the gray matter that perverts thought? In those cerebral centers where sound becomes audible to that which takes cognizance behind the ear, what crossed wires in that circuit's telephone put curses on the lips of prayer? Studying from the embryo you think you have found the first dawnings of thought; go a little farther and tell us of its ending. And when life is over, what is it that has gone away? Have you found a parallax to the infinite? You have carefully mapped out the brain convolutions and measured the depth of gray matter, and it is well, but, in so doing, have you comprehended all that we call mind? Or are you, too, like your patient, following only phantoms through all these years? The unanswered questions of our youth, unanswered in our age when the night has come, are these the only sheaves we bring?

"Full well I know I have more tares than wheat —
Brambles and flowers, dry stalks and withered leaves;
Wherefore I blush and weep as at Thy feet
I kneel down reverently and repeat,
Master, behold my sheaves!

"I know these blossoms clustering heavily
With evening dew upon their folded leaves
Can claim no value nor utility —
Therefore shall fragrance and beauty be
The glory of my sheaves."

Then, out of all these baffled hopes, these dreams of youth to which age brings no fulfillment, these longings after knowledge— longings that are never attainments here, building above the broken arches of our crumbling lives, shaping even out of these life-failures "more stately mansions" for the soul, haply we may come to recognize the logical necessity for, and acknowledge the beauty and the fitness of, being "clothed upon" with an endless life, wherein to answer these questions of the infinite, when this poor finite knowledge of brain is ended.

But this is not the "then" where I intended to arrive when I announced my subject. I was thinking of a far-off June twenty-six years ago, when in 1870, at Hartford, Conn., I attended my first meeting of the association. It is a single sheaf out of memory for which I claim "no value nor utility," but to my eyes there is "beauty" in its far-away pictures, and for "fragrance," it is like rosemary that you carefully fold away with linen and open the forgotten drawer a quarter of a century later.

"There's rosemary that's for remembrance; pray you, love, remember."

It was the twenty-fourth annual meeting, with thirty-nine members present, the largest attendance up to that time. Probably about one-third of these survive, although the names of only ten appear now on the rolls of our association. Of all the members who took any prominent part in the exercises then—if I except Dr. Barstow, who read a paper on "Irish Hospital Schools"— only one remains, of whom I will speak later. There were two men already eminent then who still survive — Dr. H. A. Buttolph of New Jersey, and Dr. John H. Callender of Tennessee — but for some reason they were only attentive listeners to others, taking but little part in the proceedings. The other silent listeners, or nearly so, who still remain in charge of institutions for the insane, or in active practice in the specialty, are Drs. Brower, Choate, Evarts, Parsons,

D. D. Richardson, and the writer, six in all. Brother Stearns, not then connected with hospitals, was present, but, as I now remember him, keeping very quiet.

But before I call the roll of the principal actors then, the silent majority now, let me name one man who stood there, shoulder to shoulder with them, interested as he always is in everything pertaining to the welfare of the insane, taking an active part in the proceedings as secretary, guiding the order of exercises with a firm hand on the rudder and an unswerving trust in the propositions as the faith once committed unto the saints. I refer to Dr. John Curwen, about as old then as he is now, and as young now as he ever was; Dr. Curwen, who, when the association was organized in 1844, was Dr. Kirkbride's assistant, and so has now fairly entered upon his second half-century of hospital work; Dr. Curwen, who, in 1851, was made superintendent of the institution at Harrisburg, and has since been continuously in charge of Pennsylvania State Hospitals for the Insane. Is it any wonder that the old Keystone State has honored itself by thus honoring him? Or that his trustees should be proud of the man whose latest report comes to us blossoming all over with pleasant pictures of the home that he has created for these children of misfortune in a hospital over which he so ably presides, rounding out the forty-fifth year of his superintendency strong in that sturdy old Presbyterian faith in God and love for his fellow man, the ideal superintendent of the old school, of which the world is losing the type? O brother, well beloved, whom we would fain call Master! our Nestor in point of service, to whom old age seems something still afar off — for the years, whose storm beats so pitilessly on the most of us, mean only opportunity to you — go on with your good work here, and, in the language of the old Latin, "*Serus in coelum redeas*," which means, "Long may you wave!"

The Nestor of the Hartford meeting of 1870 was Dr. Wm. H. Rockwell, who, after a service of years with Dr. Todd at the old Hartford Retreat, had, in 1836, gone up the river to Brattleboro, Vt., to take charge of the asylum then opened there, and now, in the thirty-fifth year of his superintendency, had come back to see what changes had been made in the old Retreat and to attend what was, I believe, his last meeting with the association. Dr. Rockwell was a tall, spare man, a little bent with age when I saw him, but with strong, rugged features and a clear head, characterized by that Yankee common sense which had enabled him to solve, beyond any other

superintendent of that day, the economic management of a hospital by availing himself of the labor of the inmates as a hygienic item on the credit side of the ledger. In that frugal State of Vermont, as elsewhere, "nothing succeeds like success," and if Dr. Rockwell needs any other monument or more enduring one than the simple record of his life among the insane, it may be found in the broad acres of asylum land which he acquired for the institution, acres which stretch away on every hand beyond the rim of hills that encircles the buildings; and, looking across the Connecticut River, the Chesterfield Mountain, which he secured, rising in wooded eminence, where, as I understand, the inmates still cut their winter fuel, and which, towering there in its rugged solitude, may well stand to the old doctor for all monument.

But the men into whose ranks I timidly stepped at that first meeting, and the faces that I recognized there as my masters in psychiatry, had I held a kodak then, how easy to reproduce them now! But without the phonograph it would still be disappointing. I can only outline; your acquaintance or your imaginations must do the rest. Let me call the roll of principal actors then, to which none can answer now:

Ray, Kirkbride, Butler, Earle — four of the six survivors of the original thirteen — Brown, the elder Bancroft, Gray, Gundry, Nichols, Walker, and Wilkins. I well remember them, men of mark, and if I do not outline them all it is because to do so would exceed my paper's limit.

First, the original four. I shall not here do over the work that has been so well done by Dr. Curwen in his painstaking tribute which is rightly accepted as authoritative on these men and their work.* Mine are only half-tones, or, better, off-hand sketches of what as a novice I saw at that Hartford meeting.

* The only permanent value of this paper, indeed the sole excuse for printing it in this age of too many books, is that it attempts, however imperfect its success, to present some outline of the *real* men who have been the chief actors in our association, the superintendents of an era that is passing, superintendents whose lives, built into their work like mural paintings, perish with the structure, or fade early into mere tradition. I have, therefore, thought it fitting to present here some gleanings additional to the data given by Dr. Curwen in his accurate but brief statement in regard to Dr. Samuel White, one of the "original thirteen." For much of this I am indebted to a grandson of Dr. White, the Rev. John Chester, D. D., of Washington, D. C.

Dr. Samuel White was the oldest of the founders of the association, being then sixty-seven years of age, and dying before the next meeting. His grandson, who, as a boy, well remembers him, describes him as a man of most dignified presence, courteous and kind, emphatically a gentleman of the old school in those early years of the century. As Dr. Curwen states, his asylum was the outgrowth of a domestic affliction, and while select in its cases, it was not limited to the wealthy classes. Here, as elsewhere, he did good as he had the opportunity.

Dr. Isaac Ray. I shall not make the mistake that was on my lips of saying, the "old doctor," for not one of those four survivors had then attained to my years to-day. The *good* doctor with his world-wide fame sat quietly in one of the front seats, not nursing the fame, but with legs crossed, hands folded, and head drooped forward as Dr. Curwen has so graphically depicted him. It was a strong, pale face, deeply lined with intellectual plowings. His beard was cut away far enough so that it might not hide the expression about the mouth; the rest, moderately trimmed, took care of itself, as did also the coarse, white hair, strong as the head it covered; the kind of hair which, no matter how white, knows no decadence, and never basely deserts the scalp like some weaker varieties. It was a clear, direct eye, very quiet, with now and

Dr. White had a wide fame as a physician, and especially as a surgeon, and his consultation practice extended from Poughkeepsie to Albany. He was an all-round man, as befitted the superintendent of those days, or any other. It is pleasant to note that the aptitude for hospital construction which has characterized the later superintendent was already there. As the leading layman of the Presbyterian church at Hudson, he was practically the architect and builder of the church edifice and acknowledged as such.

But the work which emphatically stamps the character of the man as one fitted for the emergencies incident to the care of the insane, was his pioneer operation for the removal of a foreign body from the alimentary canal by opening the abdominal cavity. I say pioneer, because I can find no earlier case recorded. Ashurst's exhaustive International Cyclopedia of Surgery gives twenty-three cases of laparotomy for obstructions due to foreign bodies, the earliest case being "White, *Medical Repository*," 1807, Recovery (see Vol. vi, p. 72).

The article in the *Medical Repository* (Vol. iv, 1807, p. 367) is from the pen of Dr. White himself, and is valuable, not alone as the earliest record of this operation, but as throwing most instructive side-lights on the personality of the writer. Illustrating this I shall venture to quote somewhat at length from the article. Note the quiet humor in this. After stating that he had observed that the *Repository* — then in its fourth year — devoted more space to medical than to surgical cases, he trusts that a contribution in the latter direction may be acceptable, though he can not hope that anything he can offer will equal in importance the "alterative course that from its Herculean might can arrest the ravages of the lungs, or the uncontrovertible proof of the non-contagion and domestic origin of yellow fever." Life is too short for me to search through the earlier volumes of the *Repository* for these wonderful articles, but I have no doubt Dr. White had read them, and, knowing well how the tubercular patient melts away under mercurials, and not caring to risk the non-contagious theory of yellow fever in his own family, took this quiet way to puncture the windbags of these visionaries.

Then modestly he gives this excuse for publishing a case then unexampled in the annals of surgery: "To show the frailties of human nature, and to induce others, when finding cases varying materially from systematic authority, not to sink under the magnitude of their weight, but with steadfast and resolute perseverance, while life lasts, to keep their minds bent on relief, which, in many instances, can be gained beyond the most sanguine expectations of the physician, so as to arrest a fellow mortal from impending fate." Be sure that such a man would succeed in an insane asylum, or elsewhere.

This is his case: George Macy, age twenty-six, white swelling of the left knee, associated with exostosis of left tibia, and extensive ulcers on the anterior portion of each leg. Macy is an old Nantucket name; Nantucket is the place where he finally went, and had we his whole history we should probably find that he had "gone down to the sea in ships" and contracted rheumatism and other things. Dr. White treated him for articular rheumatism; he grew very ill and mentally disturbed; the doctor styles it a "watchful delirium and an artful disposition to procure some instrument of death." On July 7, 1805, he sent his nurse for water, and taking a large teaspoon with fruit jelly he swallowed both spoon and jelly, for the purpose of

then a barely perceptible twinkle at the corner in closing some well-directed sentence. His enunciation was distinct, but he suffered from a troublesome cough that at times interrupted his speaking. But though somewhat of an invalid there was no loss of mental vigor, and his paper on the "Prognosis of Insanity" was listened to with profound attention. He was universally acknowledged to be the ablest writer of the association. When a young man, without hospital experience, he wrote his "Jurisprudence of Insanity," a classic that became at once authority and is accepted as such now. No writer on insanity in the language approaches him in clearness of diction or the purity of his English. In discussion he spoke deliberately but with authority, his words carefully chosen and to the point. There was no oratorical display; his sentences, like his thoughts, began, continued, and ended in common sense. In pleasant contrast with some members of the association he was never aggressive. If the brother in opposition was worsted, as he usually was, it was not by Dr. Ray, but by the facts, which were universally recognized as such when attention was called to them by the doctor. Hence, in discussions of moral insanity, Dr. Gray, able and aggressive beyond most men as he was, was no match for him. Dr. Ray, in bodily presence, was in no way imposing, but in letters and in thought a king. When the century makes up its record he will stand with Pritchard at the one end and Maudsley at the other and not suffer by the comparison.

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self-destruction. Dr. White followed the spoon's progress through the pylorus and outward until a month later (August 7th), having become fixed in the ilium, creating pain and constitutional disturbance, with the patient now sane and begging for relief, Dr. White decided to operate. Remember there was no previous record of similar operation for guidance, no anæsthetic, no aseptic surgery, but there was the patient to be relieved, and there was Dr. White, and that was all that was needed. The doctor details his operation: The incision, the gradual progress through the edge of the muscles; the peritoneum reached "he opened it with a lancet, protruded the lower turn of the intestines, containing the handle of the spoon, with the forefinger; pierced the intestine with the lancet"— how handy a lancet was in those days!—"over the end of the handle and extracted it in the same direction with the forceps. I then laid the divided edges of the intestine directly opposite and secured them with the glover's stitch, dressing the external wound with strips of adhesive plaster and lint."

"After this I made use of simple dressings to the wound. * * * Under this treatment the wound healed by first intention."

In those days the corrosive chloride stood harmless on the shelf, for the pernicious microbe was not stalking abroad in the land, the grim shadow of death that he has since become; the "dura ilia" of the reapers of that day were too much for him.

Then see how the doctor closes his article: "In September I applied a large stimulating plaster to the knee and he soon after left for Nantucket, to gain the benefit of a sea-breeze, since which he continues to recover, though much doubt remains in my mind as to security of the limb." The security of his own fame at the success of this pioneer operation does not seem to have been in his thoughts, but of this poor fellow thus saved from death, crippled with rheumatism and broken down with specific disease, he had doubts "as to the security of his limb!" This is the modesty of true greatness, well worthy of the original thirteen.

Possessing in another direction an almost equally world-wide fame, and next in point of age, Dr. Thomas S. Kirkbride sat there. Only two years the junior of Dr. Ray, he impressed me at that time as a much younger man. He was hardly of medium size, but a pleasant, thoughtful face showed an intellectual master. Bodily presence was wanting, but there was no want of power. Persuasive and conciliatory in speech, like all strong minds, he had firm convictions and held them most tenaciously. You felt only the silken touch, the grasp was of steel. It was in the administrative and constructive part of hospital work that he justly attained to the widest fame. He kept ever in view the purpose of the hospital, and no one will question that his life-work was to demonstrate the most enlightened method of caring for the insane, and to make the hospital that he had planned, and to whose perfection he had devoted his best years, a model institution in every respect. His attention to all details was surprising. He had confidence in himself. The structures he had evolved out of his careful studies of the needs of the insane were remarkable for their fitness and completeness; he had reason to be proud of them. As years went on and men from all parts came to study them they became a part of himself, the children of his brain, and with that optimistic way of looking at things which was characteristic of the man, if by chance any stray duckling was gathered under the shadow of his wing, it straightway became a swan. A man endeared to and beloved by his patients, his whole life was given to his work among them — a life covering a half-century of usefulness. Hence, though the hospital which he reared is now presided over by one of the ablest of our number, under whom it has kept pace with the progress of psychiatry, and shows the impress of new thought and new departures on a road whose leadings are always upward, yet the common people still call it "Kirkbride's," and rightly find in it a fitting monument to their greatly beloved physician.

Dr. John S. Butler, about the age of Dr. Kirkbride, but a somewhat older-looking man at that time, was the president-elect at that 1870 meeting. He was a pleasant, large-hearted man. For upward of thirty years connected with institutions for the insane, and for twenty-seven years the superintendent of the Hartford Retreat, within the past eighteen months he had remodeled and renovated the entire structure; had built out pleasant bays, added conservatories, carried up turrets for skylights, letting the sunshine into shaded rooms and darkened lives; and now that the work was near-

ing completion the association had gathered to his house-warming as to a love-feast, even as now we come up to Waverley to view Dr. Cowles' new departures toward individualized treatment, and thank God we have lived to see the day. It was indeed a love-feast, Dr. Kirkbride insisting on retiring from a presidency which he had held for many years, and welcoming Dr. Butler, his successor, with courteous phrase, as "better known to many of the association than himself," and Dr. Butler responding, recalling the original meeting and declaring that, "in his opinion, to be elected president of this association was the highest honor of the profession." But the meeting was not satisfied with any such quiet passing out of their beloved retiring president, and Dr. Gray, by a well-timed resolution of thanks, brought up Dr. Kirkbride for concluding remarks. They were felicitous and appropriate, mostly retrospective of the first meeting, twenty-six years before, and its happy results. One sentence particularly impressed me. He said: "If this association had done nothing more than to have enunciated, with the entire unanimity it did, the series of 'propositions' in regard to the construction and organization of hospitals for the insane, and which have been recognized as authority by our national and many of our State legislatures, by most boards of trustees, by many foreign bodies and authoritative bodies—that of itself would have been sufficient to justify the formation of the association." Dr. Ray and Dr. Earle of the "glorious thirteen," as Dr. Nichols felicitously styled them, followed with fitting remarks, and that symposium closed with no discordant note. Yet at the final session Dr. Kirkbride introduced resolutions that went over for want of time, but were adopted the next year at the meeting at Toronto, "That the association reaffirm in the most emphatic manner its former declarations in regard to the construction and organization of hospitals for the insane." Why was this deemed necessary when nothing outward marred the harmony? Possibly he recognized some latent doubt which he feared might not always remain latent. For there was good Dr. Butler beaming all over with satisfaction at having emancipated his hospital and its inmates from the prison-house of gloomy wards that had been outgrown, exulting in his freedom to fashion the surroundings to the individual need of the insane—a need already recognized, that was destined to become a controlling idea, influencing and fashioning all of his later work.

There, too, was the elder Bancroft, able and far-seeing, but prudent and silent, who was even then looking toward an end of the

tyranny of bricks and mortar over ideas. And genial Dr. Brown of Bloomingdale, who had already seen in the practical questions of a great State's provision for its insane that philanthropy may, nay must, "stoop to conquer," and was beginning to tire of reaffirming Procustian conditions. But the logic of events is more potent than reaffirmations, and though Dr. Ray said in 1871 that it seemed to him unnecessary, "that it was like reaffirming the laws of nature," yet, when seventeen years later, at Old Point Comfort, these propositions were formally laid aside as simply historic truths that had survived all canonical authority, it was but a natural evolution, not revolution, that good old Dr. Butler living rejoiced to see.

To me, with his somewhat frequent correspondence in later years, his is a most fragrant memory, a genial setting sun that well deserved the following encomium from the pen of Dr. C. A. Walker in the closing resolution of that Hartford meeting: "And last, but always, to our honored president, our old associate, our warm-hearted friend, Dr. John S. Butler, wishing him length of days and continued success according to his rich deservings, with our united right hands, we give him a reluctant good-by and a hearty God-speed."

Dr. Pliny Earle, the youngest of the four survivors of the thirteen, was at that time a little rising of sixty. He was a man above medium height, of good presence, said to have been a very handsome man in his youth. When I knew him he was still good-looking, with a bright-speaking eye. He wore his hair long, in locks inclining to curl. He was accounted a poet in his youth, and articles in the earlier numbers of the JOURNAL OF INSANITY from his pen disclose the poetic temperament. Later he laid aside poetry to take up statistics, and, outside of his careful hospital management, this was his work of widest fame. His curability of insanity, with its side-lights on hospital statistics, bringing out in bold relief the personal equation of the enthusiastic superintendent, was widely commented on, and got in its work everywhere. Dr. Earle had the misfortune to have, partly by inheritance, a somewhat precarious state of health, but with his philosophic mind, forewarned was forearmed, and he resolutely held himself back from the intense strain that is almost inseparable from the highest effort, and so wisely prevented the otherwise inevitable overthrow. His last attendance at the association was when, at Philadelphia in 1884, he presided at the fortieth anniversary. Of the old thirteen he and

Dr. Butler alone remained. Dr. Kirkbride had passed on only a few months before. Dr. Butler was not well enough to be present, so Dr. Earle alone, a shadow of the past, visibly affected by the situation, presided as master of ceremonies at that memorial session. The old order was changing, "giving place to new."

What wonder then, if, looking beyond the men of this generation who occupied those chairs, his eyes saw the shadowy hands beckoning and the faces peering out that he remembered there forty years before! The last survivor of "the glorious thirteen," he lingered on in retirement and deepening shadow until three years ago the light came.

I have briefly alluded to Dr. Bancroft and Dr. Brown, and I must be content with that, though each deserves more extended notice. Dr. Wilkins of California was there, having been sent by his State round the world to study the question of hospital construction and care of the insane everywhere. He did so, and made a report that is to-day one of the best we have. This, with the building at Napa, must be his monument.

A marked personality there was Dr. C. A. Walker. A manly, erect figure, a piercing eye, a long, flowing beard, even then blanching, that came at last to be like snow. His handwriting always arrested attention, even that of the casual observer of the hotel register. It was of the plain, solid text, old black letter, that might have been produced with the square point of a fence paling. It *was* written with a blunt-pointed quill, and his correspondence necessarily became weighted down with ink sand. Dr. Walker arrested attention himself quite as much as his handwriting, and to more purpose. He was earnest, enthusiastic, and by his personal magnetism so drew men to his way of thinking that all who came within its influence believed in him. I have heard him spoken of as a stern disciplinarian. True, his hospital was overshadowed by the House of Correction, but I have better witnesses — patients of his who came under my care — who convinced me that they loved him like a father, and in that old medieval survival at South Boston he was as tender of them as a mother. That was his great warm heart. He had an ambition to build for Boston a hospital worthy of her, and this was slowly crushed out of his soul. So he went to his grave a disappointed man. But whatever shadows may have darkened his life at last, to me that face always appears in sunshine, and his pleasant voice comes back to chase away all shadows. The resolutions from which I have already

quoted, which he wrote at Hartford, are like him — generous, whole-souled, and worthy. So I would bring rosemary and heartsease, write above him, "One who deserved well of his fellowmen," and say, "God's peace go with him wherever he journeys now."

But the three men who more than all the rest carried on the debates of that day, Gundry, Gray, and Nichols, how little space is left me, yet something must be said of these.

Dr. Richard Gundry, he was from Ohio then, and like a true patriarch he was accustomed to bring all his children with him, and a pretty considerable family it was. The doctor was built rather short for an ideal patriarch, but he had a large head, with massive brow, squarely set on his sturdy shoulders, and there was a great deal in that head. He wore a full, long beard, which, like his hair, was auburn. This did not mean a fiery temper, but he was a good combatant, and I think was always found in the opposition. In argument he had no respect for gouty toes or old traditions. He thought and acted independently and talked the same way. He was well read in history, was indeed an omnivorous reader, and at the time of his death had perhaps the best library in the association. He could remember what he read and make it available in argument. This gave him great power, and when he fought in the opposition it was to some purpose. He was a pleasant, genial man to meet in social converse, and always popular in the association. Short in stature, year by year he broadened and towered mentally until we were conscious that he was a giant with whom we had been so familiar that we had somehow overlooked his power. But he was taken ill; it was too late then to talk of honors from the association that were his due, and when a few years since, at Catonsville, I stood beside the open casket where —

> "Dead, he lay among his books,
> The peace of God was in his looks,"

then I realized something of our great loss. But the past is at least secure, and the records of the association, running through a long term of years, will show how much he was in evidence at those meetings, of many of which it may be truly said:

> "*Pars magna fuit.*"

Dr. John P. Gray. The mention of that name is enough. We all know what a giant he was. But there are perhaps even now some here who never saw him, and a sketch, purporting to be of a meeting where he was present, with no notice of him, would

be like the play of Hamlet with the Prince of Denmark left out.

Dr. Gray, a pupil and assistant of Dr. Brigham's, succeeded him at Utica, N. Y., early in the '50's, and so was among the older superintendents at the Hartford meeting. Dr. Gray was a large man every way except in height. Had nature given him a commanding figure, in addition to his great intellectual ability and his wonderful power to deal with men and carry his ends, he would have

> "Bestrode the world
> Like a Colossus."

As it was, he came very near to it. Recalling him now, strong in every way, I do not think as an all-round man there was anyone who was his equal in the association. He was well read and had a most retentive memory. Socially, he was genial and winning, full of anecdote and apt illustration, with "troops of friends." Yet he antagonized many men. He was a student of mind, but he also studied men, and he knew what was in them. As a successful superintendent he filled out one of the longest terms, dying in harness. In the Empire State the courts recognized him as the leading expert in the jurisprudence of insanity, and his marshaling of the experts and the conduct of the Guiteau trial at Washington gave him a world-wide reputation. As a debater and a writer he was able and always ready. He was never accused of a lack of self-confidence. He was resourceful under all circumstances; no combination of unpleasant events ever staggered him, and his ability, combined with a naturally combative disposition, carried him through. These very qualities made him overbearing and not always generous to a foe. Yet to me he was at his best in conflict, for he was descended from the Norsemen, and, like an old Viking, incapable of fear. When all the disaffected souls, the ambitious pretenders, the alienists and cranks of New York City, of every description, rose in their envy and their wrath, and swore to depose him, the old chieftain smiled, gathered up his carpet-bag, "came to his own," the Legislature at Albany, and pigeon-holed their whole proceedings. Insects that came in his way he sometimes crushed. Woe to the man who went out to meet him without truth on his side, and that must be very apparent to afford any protection. I never crossed lances with him until after he had received the lingeringly fatal shot of a lunatic, and have always had misgivings since that I had turned on a sick man. I honor

him now as a mailed knight who stood four square as a defender of the faith, ready to meet all comers and not ask odds. A professing Christian, with all the courage of the old pagan,

> "He was a man, take him for all in all,
> We shall not look upon his like again."

Dr. Chas. H. Nichols. At the Hartford meeting he was standing at the summit of his fame, and had just rounded the milestone of fifty years. He also was a pupil of Dr. Brigham, and one of the finest-looking men in the association, of which he was then the vice-president. He was tall, erect, with a large frame, a great head, a good mouth, and kind-speaking eyes that could be tender as a woman's. His voice was round and distinct; he spoke with deliberation, now and then pausing over a word long enough to suggest a stammer, but it was not. His Quaker education had made him choice of words, and so he hesitated till it became a habit. But woe to the man who attempted to help him out by suggesting one. He never took the proffered aid, but it was just stimulus enough to his great brain to make him give instantly a word that everybody saw fitted a little more exactly to the thought than the one suggested. He was a strong man, an all-round man, in many respects like Dr. Gray, and yet so different. He believed in himself—all great men do—but he also believed in and acted on the motto of, "Live and let live." He was one of the largest-hearted men in the association. No worthy man ever came to him for his aid that did not get it, and what he did he did with his might. If you had Dr. Nichols on your side you had a power indeed. He was frequent in debate, enlightening it with illustrations drawn more from his experience than from books. He was gifted with his pen, but wrote too seldom. He was an authority on hospital construction, and as the years added more and more to his experience he came to be regarded as at the head on these questions, and to the end he held to the modified "propositions." As hospital superintendent he stood always among the first in executive ability and successful management.

But to me all this seems cold and inadequate in the recital. As a man I think he was beloved and esteemed beyond almost any member of the association. I am speaking of the friendship of worthy men. He made enemies — but they were of the kind that we thank God that they are enemies; envious churls that are blind to all greatness. Envy! why it never entered into his composition.

He was earnest in good works, and rejoiced in everything that bettered the condition of his fellowmen. He was friend, co-worker, well-wisher to all. To me he was more than this — I can hardly trust myself to say here what I know—he was my master, counselor, and helper; nay, my "elder brother," as he called himself, with an affection and a devotion that was unfading, and even now, in "these lonesome, latter years," I think of him as aiding and remembering still.

"If God so wills I do not know,
And yet my heart would have it so;
When dimming eyes and silent lips
Shall close these earthly comradeships,
I pray that I may wake in bliss
And find my mansion next to his."

Tell me not that they have perished utterly, the friends

"Which I have loved long since and lost awhile."

Is thought then but cell reaction? The subjects of these sketches, with their abounding personality, are they only names now? Poor delver among the broken shards of funeral urns that life has thrown away, look up, and know that your *caput mortuum* of ashes does not hold all. Man is something more than a mockery of fiends, creation's latest failure. It is still the "unseen" that is the "eternal," and the individual intelligences that we knew here, with all their hopes, their unsatisfied longings, and their loves, outlasting time, have passed unharmed over life's "Great Divide."

PSYCHOLOGICAL EDUCATION.*

BY G. STANLEY HALL.

Those who have not given the subject special attention can hardly realize the progress made in scientific psychology within the last few years. Ten or fifteen years ago there was but one laboratory; now there are over thirty in the country. There were no adequate text-books in English; now there is a superfluity of them. There were no journals; now there are two, both rapidly growing, and altogether inadequate to represent all that is being done. There was no association of students of the mind; now there is one already so large that bifurcation seems impending and another international organization. There was a deep-seated prejudice in most of the conservative colleges against it as materialistic, of which now hardly a trace remains. Laboratory work was limited to the senses, reaction, time, and the psychophysic law. Now will, and even the emotions, are made subjects of fruitful research with instruments. Formerly graduates began with the very elements; now three or four hundred standard experiments are already required as preliminary in the best institutions. Then experimentation was a curious novelty, and its simplest results often crept into text-books of mental science, along with rude cuts of the brain, where they were strangely incongruous with the subject-matter and tendency of the text; now there is hardly a question in psychology, metaphysics, ethics, or even logic, unaffected by the newer empirical methods. Besides the laboratory, where conditions are controlled by methods of ever-increasing precision, is the observation station, where the census of hallucination, studies on fear, anger, automatisms, feelings for nature, imitation, appetites, laughing and crying, the phenomena of senescence, exceptional and peculiar children, the doll instinct, and other psychophysic phenomena, including even love and aspects of religion, like conversion, are carried on with all possible precautions, and with most fruitful results.

This development, which began under the modest title of physiological psychology, is rapidly broadening into what might be designated as biological philosophy. Already we begin to glimpse a

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view of life far higher, broader, and more unified than Plato, Aristotle, Kant, Hegel, or even Darwin, Huxley, and Spencer ever dreamed of, which some decades may be necessary fully to work out. The great fact is that evolution is at the door, for students of mind. Psychology is now just about where the biological sciences were shortly before Darwin. The same old classification methods, the same strained and exiguous interpretations, the same excessive weight laid upon exceptional and even doubtful phenomena; the same struggle against mystic, semi-theologic supernaturalism, telepathy; the same strange mingling of carefully observed fact and speculation in current text-books on the one hand, but on the other we also see similar foregleams of deeper insights, larger unities, a disposition to cross-section all previous lines of endeavor, and to recognize that the oldest things of the soul are also the deepest and most controlling, so that the study of animal instinct, of the dispositions and impulses of children, reveal elementary organs of the soul likely to illustrate the recapitulation theory in the psychic realm just as fully as the seventy rudimentary organs of man's body shows that he is simply the topmost branch of the animal tree, and bound to everything that lives by ties of the most intimate and vital kinship.

I think a faintly dawning sense of impending synthesis is now beginning to show itself in two special tendencies; first, the method of sympathy, appreciation, and coöperation is slowly but steadily gaining on the old spirit of criticism and polemics, once so nearly universal in all topics dealing with the soul. If the issues are more numerous, they are less intense, and, above all, lines of issue do not remain drawn so long. Religion and science have more and more in common and less in severalty. One can now be a good psychologist and neither know nor care very much about the problem of freedom versus necessity, or of the exact relation of mind to brain, interesting and important as these questions are. The field is so large, moreover, that specialization is inevitable, and equal interest in all problems no longer possible. Indeed, a present danger among American psychologists sometimes seems to be too great tolerance of aberrations and too much mutual compliment. Our science is beset by difficulties and dangers perhaps greater than any other. Old superstitions, phrenology, magic and mystic mind and other cures, the vagaries of modern spiritualism, clairvoyance, etc., are represented by scores of mystagogues, theosophists, and mysologists, who not only prevent and degrade the word psychology,

but somehow work a charm as subtle as Merlin's spell on some of the most gifted of our craft, who, in this transition period, are almost but not quite persuaded of the holy power of science in its nakedness and simplicity. Moreover, it is so much easier to speculate than to experiment; the charm of the vast generalizations so peculiar to this field makes sharp specialization so hard if not, indeed, impossible for those trained in the old ways that inadequate and superficial treatment of important themes is far too common in books and monographs. Under such conditions, wholesome and unsparing mutual criticism is indispensable to life, health, and progress. It must be, however, criticism with conscience in it, and born of the deepest conviction, and absolutely independent of personal friendship or aversion. A man who can not criticise his friend or praise his enemy, or who refrains, upon fit occasion, from expressing unqualified praise of work he deems good, or dispraise of the bad, fails of what is now a greatly needed duty, lest our science lose the best thing it has gained from the new movement, severity of method, and lapse in sight of the promised land to easy-going ways which will make us contented with the present and sap the roots of progress.

An ideal organization of a university department of psychology, adequate to modern needs and opportunities, is a topic to which I have given some attention in recent years, and the beginnings of which, indeed, we already have at Clark University and elsewhere. It should be something as follows:

1. There should be a strong background, historic course, because to know how the great minds have dealt with the great questions is the beginning and basis of wisdom here, to a degree which is not true of the special sciences which are of more recent origin. Greek, German, English, and other philosophies are at present generally taught in a too doctrinaire spirit, and often by the most unpedagogic methods possible. A professor whose interest centers in the theory of knowledge leads up to his work by propædeutic of Locke, Berkely, Hume, and Kant. Others spend a term or more each upon Plato, Aristotle, Kant, or Hegel, without giving the student a general periscope. Some insist on Greek or German masters in the original language, and encourage discussions of their philology. I believe every beginner should have the root ideas of the chief of the great thinkers presented as clearly and forcibly as possible, with extracts, read as literature rather than dogma, with salient facts of the author's biography, and that, outside the lines laid down in

historic text-books, there should be brief glances at the concurrent history of literature and science, with at least chart references to the history of contemporaneous events. Some of our younger psychologists are dwarfed by lack of general acquaintance with and an interest in this history. The psychological laboratory alone has not yet given us a large mind; but the best results so far are from those who, like Wundt, have carried to it the wide horizon of general philosophy. Logic, esthetics, ethics, and psychology should, of course, be included in the historic treatment, and the narrowing old Hegelian notion of any organic unity in this history as a whole, or of any logical sequence in the order of systems, must be entirely abandoned. Moreover, I am a new convert to the belief that in this historic course there should be included the elements of religious history, some references to the later results of Old Testament studies, to comparative religion, not excluding the higher criticism, if students are post-graduate and professional, concise statements of methods and results concerning the life of Christ in its proper historic place; so all-important is this for understanding the greatest transition in the history of culture, viz., that from the Greek to the modern standpoint.

2. Next in importance I should plan some knowledge of general biology, including Darwinism and evolution, contemporary theories of the cell, reproduction and heredity, some practice with the microscope, perhaps the most important of all scientific instruments, which has enlarged the universe many diameters and created half a dozen sciences of what no naked eye can ever see. What might be called the biologic standpoint and habit of thought, give, I think, the sanest and most fruitful method of dealing with the larger questions of psychology. To many of the old systems of philosophy modern biology is coming to be a kind of new dispensation, revealing what lay concealed in them, while they find new propædeutic value because of the prophecy they bore. What is life, health, disease, death, growth and reproduction?— these have been the problems to which all others were subsidiary. To present the discussions or conclusions of Haeckel, Weismann, Eimer, and Hertwig, or to give an interest in the problems of younger men like Brooks, Minot, Verworn, Ward, Butschli, the contributors to the *Journal of Morphology*, etc., is to give the thought forms in which many of the larger questions of psychology are to be either settled or discussed. Of course this should not be too technical nor too detailed, and it can not be denied that in the present state of these

studies this need for psychologists desiderates a talent as rare as it is necessary.

3. Next, and with this should come—but does not yet systematically, anywhere I know of—empirical studies of animal instincts. The world is full of wondrous stories of their sagacity, but there are few exact studies, like those of Morgan on the beaver, McCook on trapdoor spiders and harvesting ants, Loeb and Verworn on instinctive movements of the lower forms of life. We are just coming to realize that the instinct function is no whit less complex than structure, if, indeed, it is not more so; and that a vast scientific field is here awaiting future development. Systems of philosophy, like Schilling, Hartmann, and others, have been evolved speculatively from a very deep but vague sense of the richness and value of this field. Moreover, feeling and all the deeper things in the human soul strike their roots deep into the field of animal instinct, and can never be explored fruitfully and finally until there is much clearing up here. Children, too, have much in common with animals, and the study of them constantly brings us to the desire of more knowledge here. The general books on instinct now current are, without a single exception, lamentably narrow, and in some instances that will readily occur, are so superficial as to be preposterous. Dr. Gurley finds a mine of the richest psychological material concerning the migratory habits of the Salmonidæ alone, awaiting collation in the voluminous reports of the American Fish Commission. The gypsy moth and insects harmful to agriculture await another compiler. No text-book maker has yet adequately exploited that vast thesaurus of information found in the heavy volumes of Brehm's Thierleben. Investigations, almost by the score, as meaty as those of Palmen on the migrations of the eider duck, could readily be planned. All this shows us how little we really know of our "elder brothers." Perez added something to psychology by careful observation of his two kittens. Drs. Hodge and Aikens did the same by simply glueing their eyes to a microscope, to keep a few amœbæ under continuous observation for several days and nights. As careful observation of a marked bee, a fly, or even gnat, would almost surely prove helpful. It is hard for a psychologist to reconcile himself to such facts as that we know, for instance, the minute anatomy of the frog — that almost classic animal for the laboratory — but know so little of its life habits, under varying conditions, which are probably no less complex, and certainly more generally interesting. One of the

chief desiderata of psychology now is a properly trained man, who, from spontaneous interest, will devote himself to this field as a specialty, gathering and teaching what is at present known, and surrounding himself with aviaries, formicaries, equipped with a menagerie as well devised for study in this field as Shaw's botanical gardens are in its, and such as any large city with a good system of parks could readily provide under expert advice; a man who should strive to unite the breezy, out-of-door spirit of Audubon, White of Selburn, and Brehm, with that of a modern specialist, and have adequate university encouragement.

4. Physiological psychology should be introduced by a hasty glance at general physiology, beginning with digestion and nutrition, and leading on to a few hundred practical experiments to learn the use of instruments, methods, etc., as laid down, e. g., in Dr. Sanford's book. This work has sure and immediate fascination for those interested in problems of perception, association of ideas, attention, relations between mind and body, etc., as treated by the old non-experimental psychology. To many it has been the introduction to scientific methods, and has marked a turning point in their whole intellectual history. Most of this work could be just as well done in college, and its disciplinary, logical value alone make it of the highest educational worth. Some of it is now being done in normal and even in high schools with great success and profit. Some of its tests are proving useful in the clinic, especially in nervous and mental diseases. Dr. Chrisman has arranged several scores of them for use in schools to test general ability or special defects of children. Prof. Bryan, Dr. Bolton, Mr. Hancock, and others have shown us how fruitful single tests thus treated can be if carried up the school grades. It can not be denied that there is some tendency now in this field of research for method to increase in undue proportion to results, and that some workers have lacked breadth and depth to formulate for themselves problems that were new, large, or important enough to represent possibilities in this field. But when we reflect that sleep, hypnotism, all the problems of will that involve muscular action, are open here, and still more when we see how experimentation, which began with a few simple problems of the senses, association, etc., has pushed on as steadily to will and feeling, it is plain that the possibilities of this method are still vast. The chief present danger here is lack of vigor and severity of method. Thoughtful psychologists have often lately been dismayed by the tendency of

certain very facile minds to set up apparatus and report speedy results, really as speculative as any of the armchair philosophy, but barricaded behind a show of instruments, technical terms and manipulations that made criticism impossible without repetition of the work, and which impressed the more credulous non-experimenters as the direct and certain outcome of tedious and voluminous experimental research.

5. Modern anthropology represents a vast array of studies, ranging from physical measurements so intricate that a recent handbook at Vienna describes over two hundred for the head alone, and from excavations like those exploring the life of paleolithic man down to those in Palestine, the Troad, Nineveh, Babylonia, Greece, Rome, etc., and ranging over to the study of the language, industries, tribal organizations, and social institutions of modern savages. No science in its larger interpretation has so wide a range; it has celebrated wondrous triumphs of late, and has had vitality enough to sustain the devoted interest of many investigators with almost no academic recognition. Men and even women leave home and spend years among barbarians with an enthusiasm as intense as that of missionaries, in order to know more of their myths, rites, customs, and beliefs. The psychological side of these studies is of the utmost importance, and they should be represented wherever things of the soul are seriously taught. No one chair could possibly represent this field. There have been nearly a thousand distinct Indian languages on this continent, many of them as different one from the other as the Aryan, Turanian, and Semitic, and requiring five or ten years each of hard study to master, so intricate and unique is their structure. The organization of tribes, clans, such as Morgan and others have explored; the marriage customs summarized by Westermark; the religious ideas which so many ethnologists are finding such new light upon; and museums like those at Washington, Berlin, Cambridge, and the Musée Guimet at Paris — these are constantly giving us new and larger standpoints for philology, sociology, and religion. And despite all that is done there is danger that many races will become extinct before they are fully known. Surely a general survey of this vast field, sufficient at least to give the student a feeling of its richness, and to suggest to him the range of the kingdom of man, is essential for every specialist in psychology, if not indeed in less degree for the novice and undergraduate. Two of the recent developments from within this field in its larger

delineation should be mentioned under the following separate headings:

6. Criminology is the first of the two. Comprehensive and important as it was before, it has now been placed on a new basis, and brought into new and deeper relations with ethics on the one hand and jurisprudence on the other, by the labors of one man (Lombroso) and his school, which regards crime as one form of human decadence to be studied comparatively, along with the study of other classes of defectives, and treated not according to traditional modes so much as rationally and biologically. Perhaps many of the stigmata of degeneration have been over-emphasized and possibly some are mistaken. Perhaps great genius does generally co-exist with real defect, but I make bold to assert that as culture and sanity increase, and mind and brain get better organized and more highly developed, the range of activities that are normal slowly but surely widens; that strong souls can have, dominate, and use what in less developed ones would be disquieting symptoms of defect and disease. Just as there is such a thing as being so firmly fixed in truth that one can play with gracious lies, or as indulging in follies and absurdities which, in the absence of higher power to control, would constitute idiocy, just so strong thinkers may reach a delusional degree of intensity, great workers may find reaction in puerilities which really give poise and express mental elasticity. The error of some modern pessimists of this school, and I think of the leader himself, is that his lines between what is normal and abnormal have been drawn too narrowly, and also too strictly, so that perfect sanity, according to this ideal, would not only be uninteresting but ineffective. Quite apart from this, however, what can be more essential for practical and theoretical morals than a knowledge of perversions and aberrations? I have found this literature gave the greatest access of interest and intelligibility, not only to ethical theory, but to class-room expositions of what was right and wrong in personal conduct and moral hygiene and regimen. Visits to jails, houses of detention and reformatories which I have conducted, and ethical classes in prisons, have, I believe, increased my effectiveness as a teacher, and they can not fail to enlarge and deepen moral perceptions, and to quicken the conscience. A subdepartment, represented by a young man who gave all his time to it, in this field, which has been within my own observation, has confirmed this opinion. It tends to bring law, medicine, and ethics into a reciprocity that is stimulating for each, while the reinforce-

ment it gives to the old moral science which, in the old New England college was the chief philosophic discipline, until recent years may be compared step by step with the quickening influence of laboratory psychology upon the old mental science, although unfortunately the lack of such chairs leave as yet very much to be desired in the actual demonstration of this relation. It is greatly to be hoped that in the present new university movement this need will be met.

7. The other development which may be called, at least in part, anthropological is child study. This new movement has several unique features. Its suddenness, the fact that this country now appears to lead, the new coöperation between universities and kindergartens, between professors and teachers, the immediate practical utilization of every scientific result, have caused some psychologists to distrust its methods and to hold aloof from its work. Nor is this surprising when we reflect that a more or less radical reconstruction of all sciences that deal with the human soul on this subject seems now to impend. In place of the analysis of the adult consciousness is coming the genetic study of each element of feeling, will, and intellect. The time, order of growth, relations of sequence, always higher than those of co-existence, are at the door. Wider comparative relations between the soul of animals, children, and savages are apparent. The transmutation of one rudimentary organ of the soul into another higher, the monographic study by composite methods of collecting and digesting vast bodies of returns to syllabus and questionaire, which bring out in the result features in all their completeness which are fully represented in no individual life, psychic ativism, recapitulation, growth by bifurcation, and differentiation; these, perhaps, may suggest at least some of the lines of endeavor here. On one side, too, this movement represents a wide tendency toward the fuller study of individualities, such as have made Laura Bridgman, Casper Hauser, some of the heroines of the telepathists, certain lunatics, criminals and animals, household words for science, which has suggested the term and thing individual physiology. On another it seeks to add a charm to parenthood and make it worthier, that love be no longer blind. It is not strange that a movement so novel already so fruitful and full of promise, and which enlists some of the most powerful human motives, should have had so phenomenal growth, with already eight or ten State and one national organization, and two journals in this country devoted exclusively to it, and several academic chairs

chiefly or wholly occupied with it. That it is destined to repeat in perhaps a slower but surely a larger way the stages of academic growth through which experimental psychology has lately passed in this country, there seems now no doubt.

8. *Neurology.*—The brain and nervous system, which are latest to develop, and are relatively larger the higher in the series the species stand, is also the most complex of all the tissues, and therefore naturally destined to be the last to be understood. Somehow, through it the wisdom in the cosmos finds expression, the absolute and divine come to consciousness. The brain may be called the mouthpiece of the universe, without which it would be dumb; its intimate relations with mind and soul have always made it a center of profound, though, I think we must confess, often not the most healthfully scientific interest ever since the days of the pioneer cerebralists of the seventeenth century. The applications of electricity, which began with Humboldt's now almost forgotten volumes, and were continued by Du Bois Reymond; the nerve and brain time-studies initiated by the remarkable little paper of Helmholtz in 1852; the localization work since Fritsch and Hitzig, Munk, Goltz, Exner, Bianchi, and many others, the marvels of modern brain surgery, the plethismograph from Mosso to Mentz, McDougald, and Sanford, the almost epoch-making work of Hodge in the laboratory, and Cowles and others in the clinic, the new brain anatomy since Flechsig and Guddenand, Meynert, and, chief of all, the recent works of Golgi, Cajal, Hammerberg, Rabl-Ruckhardt, and many others, have given us a new conception of this marvelous organ of thought, and called special attention to neurons of the polymorphic layer, while the perhaps premature suggestions of Duval that sleep and waking are mediated by contact between nervous elements, Stevens' hypothesis of contact granules, Cajal's notion of pseudo-podial mediation, Nissl, Bevan Lewis, and Retzius' conception of the sub-pyramidal layer and of neuroglia elements, while they have brought many old conceptions into flux, have certainly tended to develop hope of narrowing, if not here and there actually bridging, the chasm so long thought impassable between brain and soul. The distinction between sensor and motor neurons certainly seems most credible, and is vastly helpful, while the distinction between normal and idiotic brains in the number and completeness of cells so clearly demonstrated by the work of the late brilliant and youthful Hammerberg is an achievement of less but yet of great importance. In the presence of this won-

derful organ we may almost parallel the old phrase about the astronomer and say the undevout neurologist is mad, and how naïve becomes the argument of several recent text-books on psychology that mind must be independent of its organ, because it is infinitely more complex. Precisely the reverse of this relation seems true. Modern ideas of the brain now make possible a conception of the soul larger, higher, and more complex than ever before. Soul, spirit, anima, nous, and all the other terms known in savage or civilized tongues designating the psyche, mean breath, shadow, air, gas, will-o'-the-wisp, or more concrete and material things. So, too, many current descriptions of the psychic processes seem mechanical, and even wooden, compared to that of a principle adequate to use or expressed in all the myriad cells and fibers in their manifold connections and relationships, and in the very varied states between extreme fatigue and complete rest. Nay, more, the indications seem to be rather that education trains only small parts of the brain. In the old days of memory cram only the island of Reil and its connections was educated. With object lessons the much larger visual area was put to school; with manual and physical training the pyramidal centers of the limbs were educated. With all its high pressure there is some reason to think that the resources of the brain are far from being exhausted, and also that indefinite further development is to be awaited. Certainly if education teaches economy of brain and nerve force, follows the lines of least resistance as it should, makes energy saving short cuts, this view is strengthened. Probably chemistry is ultimate, and perhaps such convenient ideas as lability, momentum, trophic processes as a background of everything, sthenic and asthenic states will not be explained till we can go back of anatomy and back of circulation to molecular activities. Probably, we shall not understand feelings from either muscle tensions or blood supply, but must penetrate to this ulterior field at least. Even here, could we know the processes in every molecule of each brain cell, and even the atomic motions concurrent with psychic states, while we might completely coördinate, we could not identify the mental with the physical aspects, as we now understand them, and if new conceptions should revolutionize our views of either, it would seem as likely to be views of matter as of mind that would be reconstructed before a completely monistic view would be established.

9. *Psychiatry.*—We can not experiment upon the human soul, but nature does so in disease on a vast scale, and some acquaintance

with forms of mental alienation should be an essential part of every psychological course. The waste of good material that now goes on in most of our asylums for the insane in this country is lamentable. The State which recognizes its educational duties to schools and universities should intervene to utilize this material more effectively than it now does. Dr. Cowles, the head of the most magnificent asylum in the world, selected some years ago a medical graduate of exceptionable promise; sent him abroad to work with Kraepelin, Wundt, Mosso, and with others at Paris, London, and elsewhere, and he has now established a unique laboratory for the study of the insane in the asylum building with all necessary modern appliances, and his work, already published, is of high promise for this new departure, which was fully described by me in a recent article in the AMERICAN JOURNAL OF INSANITY. Last fall Dr. Adolf Meyer was appointed to a similar position in the Worcester Hospital by the superintendent, Dr. Quinby. Dr. Meyer is also docent in psychiatry in Clark University, in the same city, to the graduate psychological students, in which he gives courses in clinics. In these he seeks to show how far we can attribute the various symptoms to known fundamental and anatomical lesions, when our neurological views begin to leave the ground of actual observation and become mere logical inference, and when we enter upon the field of pure psychology. Thus the course begins with demonstrations of the general plan of the nervous system, passes to clinical demonstration of cases of paralysis leading over to pure psychoses; then come the forms of depression, then various neurasthenic states and delusions, then exaltation passing to dementia, and finally degenerative types. For about ten years, both at the Johns Hopkins and at Worcester, I had previously given asylum clinics to illustrate my own university course on insanity, and have found nothing more helpful, stimulating, or useful to students of the mind. Work organized as above is far better, because it allows a specialist to devote his entire time to this great field, and also has a most wholesome influence at the hospital itself, encouraging physicians and internes, insuring records valuable for science, as well as more helpful for diagnosis and treatment, and which give autopsies a greatly increased value, and can, also, if circumstances favor, attract young physicians intending to be specialists, just before or after graduation, to the hospital.

Such nine courses as I have very roughly outlined, with proper facilities for access to books and current literature in each, and

facilities for prompt publication of any work that might be valuable, would be a very ideal university curriculum. While each of these exists somewhere there is no university in the world which offers all these courses, and it would be hard to find any man who has had them all. It would be easy, however, to increase them. Logic, esthetics, ethics, the rudiments of which can now generally be presupposed for graduate courses, might each be expanded into a chair and added. The value of some such training as I have outlined would, I think, be incalculable and transforming in many directions. In this age, when psychology is affecting so many other and remote branches of work, and is itself growing so fast in all these directions that the long delayed science of man seems near at hand, the realization of such an ideal would be most opportune. With all the munificence toward higher education may we not hope to see it actualized somewhere, and soon.

Finally, I would urge the importance of special training in psychology. *First*, For all those who deal with the insane or with nervous diseases, in peculiar and striking forms of which this country so abounds. The relative neglect of such studies at our American medical schools is deplorable, and I can not forbear to urge it upon each member of this association that he contribute something himself, as indeed, so many have already done; also that he urge upon all the younger men entering this work the importance of more or less of such preparation. To cite one or two among many illustrations of the ready accessibility of data of great importance, I would instance Dr. Bancroft's paper on the attitudes of the insane; the study of individual cases of paranoia, such as have been made by Dr. Cowles and by Dr. Noyes.

Second, Teachers have, perhaps, so far profited most from the new psychology. The arrangement of curricula, the methods of teaching and discipline, and now especially the new genetic movement, is awakening new educational life. The application of this material now constitutes the chief work of professors of pedagogy and has given them vastly increased utility and is slowly transforming the spirit and method of our schools. The next step which I believe already impends is to apply psychology to the work of the ministry, where it is no less needed, and will do no less good than in the field of education. Some of the above scientific courses should be in every theological seminary and candidates for this profession who desire to rise to the new opportunities of the near future will, I believe, not fail to seek out some of these courses, as

many of them are now doing. Every word of antagonism of science and religion is so much dead loss to the world, as indeed every scientist or clergyman who reads President White's new book must be doubly assured. The hostilities of the age of Tyndall and Huxley are forever obsolete. The new spirit of unity and coöperation is already manifest in the neo-christian movement in France and is visible in a similar trend in German, English, and American universities. The ideals of young men are the best materials for prophecy and all the foundations of religion are sure to be deepened as the best men everywhere are coming to realize that nature herself is the original revelation of the divine, and that science is one of its ministers, sustained in her largest work by a spirit as religious as any that history has seen and penetrated with the old sense of unity law and trust out of which all bibles and science alike have sprung.

ON THE DETENTION OF THE INSANE, AND THE WRIT OF HABEAS CORPUS.*

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The writ of habeas corpus and trial by jury are two principles incorporated in the Great Charter of England. The writ of habeas corpus has been defined in English law as "a process issuing out of a superior court, commanding the body of a prisoner to be brought into court." It had its suggestion in order to prevent, without a due process of law, prolonged illegal imprisonment, and the imposition of cruelties upon persons charged with real or fictitious crimes. It was intended to enforce the principle that "no freeman may be taken or imprisoned but by the lawful judgment of his peers, or by the law of the land." As the principle of the writ has been incorporated in the organic constitutions of all English-speaking people, the application of it has been so enlarged as to bring within its reach, not only persons charged with criminal offenses, but also all persons who are in detention, alleged to be improperly deprived of their liberty. This allegation may be the basis of a petition for granting a writ of habeas corpus commanding any physician in charge of a hospital to bring the body of a lunatic into court on presentation of *prima facie* evidence of improper detention.

The issue of a writ of habeas corpus might, in itself, convey an implication that some wrong had been committed, to rectify which the authority of a superior court was to be invoked. It might, at first thought, be regarded as a cloud on the reputation of a public or private institution, but it must be remembered that no judge can decline to issue a writ of habeas corpus on the presentation of a petition in proper form. The hospital physician, with a consciousness of the rectitude of his actions and purposes, may regard the service of a writ as an indirect impeachment of his official actions. A community may be shocked, and a curious, even morbid, interest aroused at the suggestion of the possibility that a citizen may be improperly and illegally deprived of his liberty. Reflection, however, should convince the hospital physician that his patients lose none of their civil rights when they enter the doors of his institu-

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tion. Inasmuch as no willful, malicious act of hospital detention has thus far been disclosed, of which the public has any knowledge, the 70,000,000 of Americans that comprise our population ought to feel an assurance that their liberties are not seriously in danger from the two hundred well-disposed, law-abiding physicians who manage the institutions for the care of the insane of our country. Probably in the experience of many whom I am addressing, cases do occur where there are conflicting family and financial interests to be considered; where a reasonable doubt exists in the mind of the physician whether convalescence or recovery is fully established; whether a suitable, or any, home is open to the patient when discharged; whether the patient must, from necessity, at once, on his discharge, shoulder the burdens of bread-winning for himself and family, at a period when he does not and can not fully appreciate all the embarrassments that surround the conditions. It is true that many hospital cases are impatient of restraint or restriction of any kind. They comprise, mainly, the chronic class, and those described, for convenience, as paranoiacs. They are often restless, persisting in delusions evolved from the acute stage of their disease — are suspicious, and influenced by suspected conspiracy to an extent that their state is incompatible with all family and social life. They are committed to a hospital for safe-keeping and their own protection. It is the latter class — the so-called paranoiacs — that create trouble in any hospital, worry the administration quite as much as they annoy their own relations and the community of which they are often dangerous members. Every hospital physician must consider what relation he and the hospital with which he is connected shall hold to any one of these classes. To determine justly and wisely the question of continued detention or discharge of a patient, however classified, may call for a combination of the highest professional and judicial judgment. If the patient has made a good recovery, or has reached a stage of convalescence when, perhaps, recovery will be promoted by discharge, then no question need arise. It is undoubtedly true that many patients retain some of the delusions of the acute stages of insanity for a long period after a general and decided mental improvement has occurred, and seem about to drift into a chronic and stationary condition. At this critical period it repeatedly happens that removal from the hospital to new environments has been sufficient to correct and remove delusions which were but a remainder of the acute stage. The average results of this course have been so

satisfactory, and often so surprising, that, if the delusions are in themselves harmless, it is believed to be a wiser policy — dividing the chances of an erroneous judgment with the friends — than to retain a patient according to some rigid, inflexible rule, until every vestige of mental disorder has wholly disappeared.

In the varied experience of his hospital work the physician will receive appeals for discharge and complaints about unreasonable detention. These come from partly-recovered patients, and others, as paranoiacs — those known to have dangerous delusions; who, on slight provocation, or without any provocation, are liable to violent psychical explosions; and another class with disordered, uncontrolled sexual propensities. It is a fact that many coming under this category are quite orderly in a hospital, and conform, with some protests, to its rules and regulations. Some may be placed in this class for whom there does not seem to be any place in the world outside of a hospital, as they are without homes, natural guardians or friends to shelter, advise, or to exercise any responsible charge of the case, and there is also an embarrassment often about the after-care. There are also financial questions and interests, as well as cross-purposes, disagreements, and contentions in families, about the necessity or propriety of continued detention in a hospital, which are important elements to be considered in many cases.

Toward all of the cases coming within the classes which have been briefly named, it is clear that the physician must form his opinion from a strictly medical standpoint, and maintain toward them a strictly professional relation. There are cases that must be and ought to be relegated to the judges of the courts. It is a most injudicious proceeding to assume such a paternal relation toward one of these cases as may lead a hospital physician to become a party to a case — to deny a patient the exercise of his civil rights — as well as a serious mistake to assume that the issue of the most gracious writ of habeas corpus is an imputation upon his official conduct, which must be met by a vigorous defense. If in the cases of some very objectionable patients who will not die, and no interposition of Providence is to be expected, perhaps a judicial process can not act too swiftly for the relief of the hospital and the hospital physician. Instances could be named where prolonged detention and errors of administration have worked incalculable mischief to physicians and hospitals, and even influenced legislation very injurious to all interests concerned.

During my thirty years' connection with asylums for the insane in the State of New York, the writ of habeas corpus was not invoked in a single case. In the State of Pennsylvania, until 1869, there was no law providing for the commitment of the insane. Soon after the passage of the law of that year several patients were discharged from the Pennsylvania Hospital for Insane, notwithstanding the judges were clearly advised as to the true mental condition of the patients, by Dr. Kirkbride, then in charge. After three of the discharged patients had committed suicide, and other calamities had overtaken some, the community experienced a shock, and further resort to this method seemed to end for the time. In 1883, a new lunacy law was enacted, having been suggested by a public agitation of what were regarded as improper practices without sanction of any law. This law, among other things, made provision for unrestricted correspondence, and visits from counsel and lawyers.

During the past eleven and a half years eleven patients of the Pennsylvania Hospital have been taken into court by writs of habeas corpus at different times. It has been thought that it might be of interest to present a brief outline of these cases, and the disposition that was made of them, as a contribution to hospital experience and administration, which may be suggestive, and an aid to others. They have the greater value, perhaps, as showing actual experiences, and how the insane may even deceive members of the legal profession who were employed to formulate and prosecute the several petitions for the issue of the writs, on the hypothesis the patients were perfectly sane.

Case 1.—That of a gentleman employed in the Treasury Department at Washington many years—a lawyer by profession, gradually developing delusions of suspicion, conspiracy, persecution, etc. When admitted to the hospital he was in impaired health, suspicious of his food, of which he partook in small portions, thought the drinking water was poisoned, and generally was disposed to seclude himself, and to stand alone and apart from others, refused all communication with his mother and relatives, counting them among his persecutors. Learning that he could communicate with a lawyer, he made application for his services, which were rendered in framing a petition for a writ of habeas corpus. For this service he paid the lawyer a check of over $200. On being brought into court he announced to his counsel that he would manage his own case and dismissed his counsel. After an

examination of the admission papers by the judge, and hearing the testimony of the hospital physician, the relator was placed on the witness stand to give an account of himself. Commencing at a period about twelve years prior to his admission to the hospital, he began to recite his story, which was that he had been employed by the so-called "Electoral Commission" to prepare a brief for their use; that while walking about the streets of Washington he was invited to take a drive in a carriage, but soon, to his surprise, was taken to the Government Hospital for the Insane. This was only a beginning, as he alleged, of many conspiracies which had been prepared to punish him for his services rendered to the commission, and for his success in seating Mr. Hayes in the presidential chair.

He stated to the judge that on entering the hospital he soon discovered that Mr. Hayes was himself a patient in that asylum; and that he could not be mistaken, as he knew him very well. He represented that Mr. Hayes was in a very emaciated condition; that he was gradually undergoing decomposition; that in his presence the odor was insufferable; that a small quantity of beef-tea was brought for him, of which he partook, and in a short time died, and was carried out of the ward. On being asked by the judge if Mr. Hayes did not serve his alloted term, and lived many years afterward, he said it was not true; that a person who resembled him very much was placed in the presidential chair; that he (the relator) was the possessor of that secret, the possession of which had been to him a source of all his troubles. He also stated that after his discharge from the Government Hospital he went to the city of New York, and that there he discovered conspiracies were being formed to poison his food. Although he had a room at a hotel he partook of no food there, but changed his place for taking meals so that he would not be known and poisoned. While walking along the street with his hand-bag he hailed a car, the conductor of which did not seem to take any notice of him, and was about to proceed when the relator stated he hurled his hand-bag at him with such force as to knock him from the platform. For this offense he was arrested, his insanity suspected, and he was removed to Bellevue Hospital. From the Bellevue Hospital he was removed as a state pauper and lunatic, notwithstanding he had $70 and a gold watch in his pocket, which were taken possession of by the authorities. The judge at this stage stated to him that he did not care to hear what had transpired so many years previously,

but wanted to know what he had now to complain of, and what he had to ask of the court. He admonished the judge by stating he was a lawyer himself, and would pretty soon come to that point—at which the judge remained quiet for a short time. The patient went on to say that being invited to come to the city of Philadelphia, he was permitted to leave the custody of the New York officials, and allowed to enter Pennsylvania. On being placed in a station house in Philadelphia, he alleged he was visited by two persons who called themselves physicians, and in the course of the day was taken over the river to a place called the Pennsylvania Hospital for Insane. The judge at this stage, growing impatient, asked him to come down to his present condition, at which he again informed the court he was a lawyer—that he knew what his rights were, and would very soon reach the consideration of that part of his case. The relator still going back to dwell upon his earlier history, the judge suddenly interrupted and remarked he was evidently not a proper person to be discharged from the hospital, and remanded him back, at which the relator entered a vigorous protest, but was removed by the officers, and returned to the hospital. On his return he was very much pleased with the success of his efforts in attracting the attention of the court and the large number of spectators, who seemed curiously interested in his case.

The hospital physician, in a day or two, stated to the patient that he evidently was dissatisfied in the hospital and with the officers, and as the court had declined to act upon his case, he (the physician) would make an attempt to see what he could do, and would request his friends to remove him, on which the patient remarked that that could not be done. On being asked how he could prevent it, he stated he would have a mandamus issued and prevent any such action, because if he were put out of the hospital he would have no standing in court, and his case would be lost. Subsequently, on being transferred to another hospital, much of this proceeding was repeated in court on the issue of a second writ of habeas corpus.

Case 2.—A lawyer suffering from paresis in the early stages, with exalted delusions—delusions of wealth, of his aristocratic lineage and royal birthright, and that he was the owner of palace cars, railroads, steamships, etc. This patient, like the previous case (Case 1), communicated with a lawyer for the purpose of having his case brought into court on a writ of habeas corpus; and I might say of this person, and the other cases that I shall mention, that

they had an opportunity of conversing with their counsel, all of whom expressed to the writer the opinion that they had not discovered any evidence of insanity, and that they believed their clients sane. On being presented in court, this patient announced to his counsel that he would manage his own case. The hospital physician, as usual, was summoned to the witness stand, asked the history of the case by the court, and, of course, examined by the relator. In the course of the examination the judge asked the physician the nature of the disease, and whether the patient would probably recover. On being informed by the physician that, in his opinion, the disease was incurable, and in its ordinary course would terminate fatally in about two years, the patient laughed heartily and looked with a sympathetic expression upon the doctor's assurance in his case. This case, as others, attracted some attention on the part of the legal profession, of which he was a member, and the court room was soon filled with an interested company, who listened with surprise at his apparent rational appearance, his intelligence and the apparent ability with which he conducted his own case. During his oration in behalf of liberty he appealed to the judge that he might be permitted to return to his ancestral estates (as a matter of fact he was absolutely destitute of all property), and, acknowledging that he had been exhausted in an active political canvass for an important judicial office, said if he were allowed to roam over his fields he would soon be restored. He betrayed but little evidence of his delusions in his manner, or in what he said. The judge was evidently embarrassed by his sympathies for this unfortunate person, and hesitated how to decide. He took a large number of letters which had been written by the patient, and announced he would present his decision with little delay. When the decision was announced, the writ was dismissed, and the patient continued in the hospital until removed by the authority of his friends to another state, where he died in the course of a year following.

Case 3.—A circuit judge of the United States Court residing in another State — suffering from impaired health, due to overwork and political excitement — had delusions that he would be removed from office because of a change of administration; that he would be impeached, and, while holding a term of his court, became so violent in his language and so excited that the district attorney voluntarily arose and asked suitors to withdraw, or to suspend all pending litigations, which was assented to, and the term of the court ended. During this episode the judge sat with his feet in a

tub of ice-water, with cold cloths upon his head, vociferating and haranguing in a loud voice.

In the course of his first week's residence at the hospital he perused the rules and regulations and the state lunacy law, and drew up a petition to the judges sitting in the U. S. district court, that they would issue a writ of habeas corpus, and have him before them, which was done. On entering the court room, the two judges sitting proposed that the case should be heard in chambers, but to this the patient objected, preferring a hearing in open court. After hearing a statement of the case from the physician, and on reading the return made by the hospital and the admission papers, the judges were of the opinion, founded upon a decision in a similar case, rendered by Judge Cadwalader of the United States District Court of Pennsylvania, that it was not within their jurisdiction to act, but that the case came properly within the purview of a State court of Pennsylvania, in which jurisdiction he then resided, and directed his return to the hospital. Application was subsequently made to the State court, but the patient began to improve, and voluntarily declined any further proceedings, ultimately made a good recovery and returned home.

In this case the relator (the judge) sat at the bar of the court, and called in a loud voice to the marshal to bring him volumes containing decisions, for the purpose of proving to the court that they were acting erroneously, and appealed eloquently and pitifully to the judges that they would not again consign him to "the cell of a lunatic." It is noteworthy that the three cases above were lawyers, and defended their own applications for discharge.

Case 4.—A person of weak mind, possibly due to inheritance. In his early life made a homicidal attack upon his father, subsequent to which he was placed in a hospital of another State, after being adjudged a lunatic by a jury, and a guardian having been duly appointed. During his residence in the hospital of another State he conducted himself quite well — at least was not disorderly. He was permitted to have certain liberties of the grounds and the neighboring country. During one of his walks, or strolls, he attempted an indecent assault upon a woman, after which he was deprived of his liberty. He was much excited by the additional restraints which had been put upon him, communicated with a lawyer, a writ of habeas corpus was issued, and after a patient hearing he was adjudged an improper person to be at large. The judge in this case took the precaution to prepare a carefully written

opinion, giving his reasons. Subsequently this patient was transferred to the Pennsylvania Hospital for Insane. Having under the law the right to address communications to persons whom he might call his counsel, he availed himself of this privilege from time to time. It is stated that at least fifteen lawyers have visited him during his hospital residence, until at last he was brought into court on a writ of habeas corpus. After a patient hearing, the sitting judge decided that he should be returned to the hospital, and announced that whenever a suitable person was found to care for this patient outside of a hospital, he would again consider his case. As the patient has not assented to any arrangement of this kind he still remains under care.

Case 5.—That of a gentleman engaged in large financial operations, who had taken alcoholic stimulants in small doses, and small doses of morphine, ordered by his attending physicians. He had become irascible, had delusions about the fidelity of his wife, suspicions of conspiracy connected with the physicians and many other friends, and neglected his business and family relations. On admission to the hospital the same conditions alluded to were confirmed on examination. Without going into detail of the case, which has no special medical interest, the patient, in due course of time, improved very much, made a gain of thirty-five pounds in weight, seemed well, but was impatient of further detention. In consequence of the variety of opinions that were somewhat distracting, on account of earlier threats of violence, as well as for certain financial reasons, the hospital physician did not feel disposed to undertake alone the responsibility of his discharge. With the consent of his counsel, and the concurrence of the hospital authorities, he was taken into court on a writ. He presented himself on two successive occasions, when the sitting judge stated he would suspend final action upon the writ, pending his discharge on trial. The wisdom of this course was confirmed by the resumption of his domestic and business relations, which have all been performed in a normal and most successful manner since his discharge, and the patient is well.

Case 6.—That of a man who suffered from occasional attacks of periodic insanity, and who was duly certified and brought to the hospital. At once he addressed letters to his counsel, who caused the issue of a writ of habeas corpus requiring the production of the patient in court, although he had been but twenty-four hours in the hospital. On being brought before the court the hospital

presented the usual form of a return, and the physician stated they had no knowledge of the case, whereupon a conversation began between the judge and the patient, when the patient expressed his desire to go to the hospital voluntarily, if he could remain without a commitment, which the judge advised him to do. He remained a willing and submissive patient until discharged recovered.

Case 7.—That of a man suffering from acute delirium and mania from the alcohol habit, who remained in the hospital in a state of acute insanity three months, when he convalesced, and became impatient of further detention. His wife and friends, apprehending a return of his former habits, and having been in peril by reason of his dangerous tendencies, declined to remove him on his convalescence. He appealed to the court through his counsel, and after a hearing was remanded to the hospital, the judge holding the case under consideration. In the course of the discussion of this case in the court room, the judge asked the question whether the patient was then dangerous, and how he conducted himself in the hospital. The reply was that he was orderly, quiet, and well disposed, but that on two occasions, when he had been out on trial, he had drank freely, assaulted his wife by kicking; had been taken to the station house, and returned to the hospital by the police the next morning. The judge asked the question whether it was thought right that a person should be detained indefinitely in a hospital lest at some future time he might become drunk, in reply to which the physician stated he could not decide, that the question was more properly before the court. Subsequently the wife appeared at the hospital, and in conformity to her written request the patient was discharged.

Case 8.—That of a young woman—a stenographer—somewhat familiar, from her occupation, with legal proceedings, was admitted to the hospital with a gradually developing form of insanity, in the nature of suspicions, conspiracies against her character, and sexual delusions in regard to a number of prominent persons. After admission, many of these suspicions and delusions of persecution continued to be manifested in her writings. On a petition of her counsel, whom she consulted, a writ of habeas corpus was granted, and her case was patiently heard. A number of her letters were also procured through her sister, and other letters which had been written in the hospital were presented to the court as a part of the case. After a hearing the court decided she should be returned to the hospital; thereupon, as it became necessary to manage what

remained of her small estate, a commission *de lunatico inquirendo* was ordered. The jury in this case failed to find a verdict of insanity, on which the patient was discharged by the hospital authorities.

It is a further part of the history in this case that her savings, which had amounted to some $3,600, were reduced, through litigation and other ways, to $300, and she subsequently committed suicide.

CASE 9.—That of a young woman suffering from periodic mania. Had been frequently a patient in the hospital—usually going through a period of maniacal excitement, followed by a stage of irritability, fault-finding, suspicions, and depression, followed by recovery. During one of the secondary stages of her attacks she addressed a letter to her counsel, offering a fee of $1,000 if he could secure her discharge from the hospital. In this case the friends, who knew her peculiarities very well, determined to interfere for her protection at this stage. On a hearing of the case before two judges sitting in court the patient was remanded to the hospital and the writ dismissed.

CASE 10.—That of a woman, with ample means, with gradually developing delusions of suspicion, involving estrangement from her relatives; the introduction of persons to her home who were strangers to her, and who partook of her bounty, with delusions about some imaginary inventions on which she was engaged, and living in a state, apparently, of positive destitution. A relative, feeling a natural solicitude, sought the assistance of the police, who went into the house with their surgeon. Although in the winter, they found the house cold, the heating apparatus out of order, and not working; the water fixtures frozen, leaking, and wrecked; and the patient herself trying to keep warm with the aid of a small oil-stove. In the house, occupying one room, with a large, open fire, was found the beneficiary of this woman's bounty, with his family, really managing the house, and indulging in all the luxuries that his appetite and propensities could suggest, at the expense of his benefactress, whose credit he seemed to think was without limit. The police placed the patient in charge of a friend, who had her duly examined and committed to the hospital. During her residence in the hospital there was some physical improvement, and a subsidence of the acute mental disturbance. At this time she invoked the aid of her former counsel and was taken into court on a writ of habeas corpus. After a patient and somewhat prolonged

hearing the judge remanded the relator to the hospital until, in the judgment of the physician, she could be safely discharged and provided for, and directing that she be provided for in a manner becoming her social standing and her means. She eventually failed mentally and physically, and died in the hospital.

CASE 11.—That of a paretic, with enlarged delusions, and a person actually engaged in large financial operations. In this case there was a difference of opinion among the friends and physicians about the disposition and management of the patient. One party concerned agreed that the patient should travel, and be separated from other members of his family; sent him to Australia, Samoan Islands, Japan and China, during which time the other members of the family did not know his whereabouts, and employed detectives to get trace of him. The newspapers referred to the proceeding as the abduction of a millionaire. There were really two parties, or armies, acting, one to conceal any knowledge of the whereabouts of the patient, the other seeking to get trace and possession of him. During this period of travel for the health of the patient, a reward was posted for any information concerning his whereabouts. In the course of eighteen months or two years, the patient was brought to the Pennsylvania Hospital for Insane, when his whereabouts became known, as all parties interested were at once informed. Thereupon there commenced proceedings in court to bring the patient before a judge on a writ of habeas corpus. At the hearing the judge remanded the patient to the hospital, there to be cared for, and further directed that the court of the county where the patient resided should cause a proceeding *de lunatico inquirendo*, in order that a guardian of the person and property of the insane person should be duly appointed. The patient remained in the hospital until his death.

Nine of the persons whose cases are presented had availed themselves of their right to communicate by letter with legal counsel. Several addressed letters to a number of lawyers—one was visited by nine members of the legal profession, five physicians, the Committee of Lunacy, and communicated by letter with seven judges, five lawyers, and a number of citizens. This record was exceeded by one other patient. Seven of the lawyers who were trembling with apprehension, as they thought how the liberties of the people were jeopardized, either received or were promised a liberal compensation. The admission papers were found to be in proper form in every case. Ten were returned to the hospital,

the judge properly making an order in one case that an inquisition should follow, in order that a custodian of the person and property might be appointed. In one case the judge assumed the responsibility, with the approval of the physician, of advising the discharge of the patient. All of the patients were of the chronic class, except two who were unwisely influenced by their legal advisors, and would have been discharged in due time as cured, and would have escaped the publicity that usually attends all court proceedings.

It should be specially noted that with one exception the mental condition of these persons was so apparent in the court room that the judges had no difficulty, without the opinion of a physician, in arriving at a conclusion. Some of the persons exhibited pleasure at the display of their delusions, yet the lawyers engaged in the cases expressed their own opinion of "perfect sanity" of their clients, taking no account of the distress occasioned by the publication of their unfortunate condition. In one case the counsel asked a discharge on the ground that the relator was not a citizen of Pennsylvania, and was a resident of the city of Washington, but the judge decided that the presence of a person within the jurisdiction of the court was sufficient to commit to a hospital for the insane if the condition warranted.

The experience with the Pennsylvania cases would seem to demonstrate that no improper commitments had been made, and that conspiracies have not existed; and I am inclined to feel assured the effect upon public sentiment has been, on the whole, decidedly good.

The writ of habeas corpus was originally intended to prevent illegal imprisonments on frivolous charges, and detentions without a due process of law. The application of the writ of habeas corpus to lunacy cases was not, of course, originally contemplated as hospitals for the insane did not exist. The hearing in the case of an insane person detained in a hospital devolves upon the judges the duty of determining whether, first, the admission was in conformity to law, and also whether the condition which called for the hospital detention still exists. It can not be expected that the final judgment of the courts will be infallible, as their opinions are not medical, but they will endeavor in their own way to ascertain what is the real condition of the relator, as was shown in the cited cases, and will not often make mistakes.

What constitutes a legal detention in a hospital, and a due

process of law to commit an insane person, has been a question that has exercised the minds of the judges. In the State of Pennsylvania, at an earlier day, it was assumed that it was necessary to show that a lunatic was unsafe to himself and dangerous to be at large in order to warrant continued detention. While these views prevailed, the discharges from the Pennsylvania Hospital, in the '70's, occurred. The Supreme Court of Pennsylvania, however, has since declared what is the law of that State in the case of Brickway, Pennsylvania Reports (State), decided November, 1875. In their opinion the Supreme Court say: "It is very evident from the record that this proceeding was under the sixth section of the Act of 20th April, 1869 — a law passed to regulate the practice in the commitment of insane persons to hospitals of the State. The Act materially modifies former laws on this subject. It is not confined to persons found guilty of offenses, or those dangerous to themselves, or to the community, or unsafe to be at large, *but it extends to those whose welfare or that of others requires them to be restrained, or who manifestly stand in need of proper care and treatment* (Sec. 6th and 9th)." The plain intent of this decision may be stated to be, that the question of continued detention must be determined by what is, on the whole, for the best good and interest of the patient, and as the judge may so determine. To warrant continued detention, it should not be necessary to show the patient is unsafe and dangerous, but it must appear to the judge, in the course of the hearing, that the welfare of the patient and that of others will be thus best promoted. This advanced sentiment is one of the recognitions of the medical character and function of our hospitals for the insane, which are created for the express purpose of detaining and treating the insane. Wherever these views prevail among the judges, or are sanctioned by judicial precedents, if the hospital does not appear as a party in interest in the case, if the commitment paper is correct and regular, no apprehension ought to be felt about a legitimate legal proceeding. Although annoyance may result, undue publicity be given to family and private affairs, and even injury be done to the patient, the hospital physician must discharge his duty wisely and without bias.

A SYSTEM OF OBTAINING AND RECORDING ANTHROPOLOGICAL DATA—(A PART OF THE ROUTINE EXAMINATION OF PATIENTS ON ADMISSION AT THE ILLINOIS EASTERN HOSPITAL FOR THE INSANE.)*

BY WILLIAM G. STEARNS, M. D.,

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(1) "Heredity is without contradiction the most powerful and important of all causes of insanity," and therefore it demands a corresponding amount of the attention of the alienist. That phase of heredity which bears the most important relation to mental disease is degeneration.

(2) The extensively reviewed and widely read work of Dr. Max Nordau has not only given a greatly added impetus to the study of degeneration, but has created a new popular school composed of enthusiastic and more or less scientific and unscientific followers who dub every variation in form, feature, thought or action, that appears to them as uncommon, a sign of degeneration. Although this movement may have increased the cautiousness of the more conservative element, it has, if the popular press gives sure indication, carried far beyond the pale of warrantable assumption a large number of zealous followers or imitators. Whether this new school (3) "be due to the peculiarities of the recipient public, namely, to hysteria," or not, its uprising, nevertheless, accentuates the dearth of carefully compiled data; such data as can only be obtained from extended and unbiased observations upon all kinds and conditions of men, systematically made with conservative care, and conscientiously recorded, from which alone authoritative deductions can be made.

The physiological variations are so numerous, and unquestioned signs of degeneration are so frequently found, that it is often extremely doubtful in given cases whether the observed peculiarities of body or mind should be classed as signs of degeneracy or not; *i. e.*, (4) "whether they are signs of constitutional inferiority, with a tendency to become more marked in the offspring." To

*Read before the annual meeting of the Association of Assistant Physicians of Hospitals for the Insane, 1896.

ILLINOIS EASTERN HOSPITAL.

ANTHROPOLOGICAL DATA.

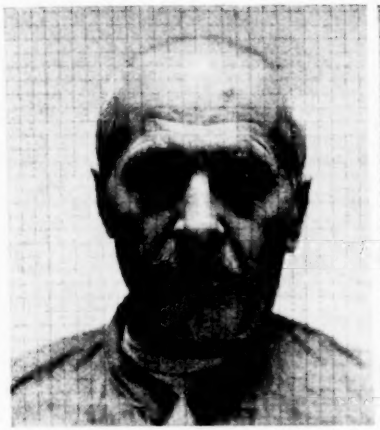
Date.....

Psychosis..... Doctor.....

Case No.....Name.....Anthrop. No.....

Sex.....Age.....Nationality.....Place of Birth.....Religion.....

Occupation.....Color of Hair.....Color of Iris.....Physiognomic Expression.....



ANOMALIES AND MALFORMATIONS.

Exopthalmus.....
Ptosis.....
Of Iris.....
Of Pupil.....
Nystagmus.....
Strabismus.....
Defects of Vision.....

Dental Arch, V Shaped.....
" " Semi-V Shaped.....
" " Saddle Shaped.....
" " Semi-saddle Shaped.....
Of Position of Teeth.....
Of Shape of Teeth.....
In Time of Dentition.....
Torus.....
Cleft Palate.....
Deviation of Nasal Septum.....

Hare-lip.....
Thickness of Lips.....
Megaloglossus.....
Tone of Voice.....
Defects of Speech.....

Defects of Hearing.....
" " External Ear.....

Nævi.....
Pigment spots.....
Vitiligo.....
Quantity of Hair.....
Patches of White Hair.....

Deformities of Trunk.....
" " Extremities.....
Congenital Luxations.....
Contractures.....
Paralyses.....
Tic.....
Atrophies.....
Hypertrophies.....
Gynecomastia.....
Genital Organs.....

PSYCHICAL.

Emotionalism.....
Mental Weakness and Despondency.....
Lack of Self-Control.....
Aboulia.....
Excessive Egoism.....
Impulsiveness.....
Imperative Ideation.....
Mysticism.....
Hysteria.....
Lack of Adaptability.....

ANTHROPOMETRY.

HEAD.

Form of Head .....

	Circumference.	Naso-occipital Arc.	Naso-bregmatic Arc.	Breg.-lambd. Arc.	Binauricular Arc.	Binauricular Diameter.	Height. (Empirical.)	Ant.-post. Diameter.	Transverse Diameter.	L. B. INDEX.
Average in adult males	55.0	35.0	12.5	12.5	35.0	13.0	13.8	18.7	15.6	82.2
Average in adult females	53.0	34.0	12.0	11.9	34.0	12.1	12.8	18.2	15.5	83.8
Physiological variation. From	51.5	31.0	10.9	9.1	31.4	11.6	12.0	17.5	14.0	76.1
Physiological variation. To	60.4	41.0	14.9	14.4	38.0	14.6	15.5	20.0	17.5	87.0
Measurements	*55.7*	*35.0*	*13.5*	*14.7*	*38.4*	*13.7*	*15.3*	*17.7*	*16.5*	*93.2*
PER CT. 135										
130										
125										
120										
115										
110										
105										
Normal Average 100										
95										
90										
85										
80										
75										
70										
65										

BODY.	R.	L.
Weight		
Height of Vertex		
" " Vertebra Prominens		
" " Acromion		
" " Spina Ossis Ilei		
" " Tip of Middle Finger		
" " Knee		
Outstretched Arms		
Trunk		
Breadth of Shoulders		
" " Hips		
Length of Foot		
" " Arm		
" " Forearm and Hand		
" " Middle Finger		
" " Little Finger		
Circum. of Neck (over Larynx)		
" " Chest at Rest		
" " " Forced Inspiration		
" " " " Expiration		
Range of Expansion		
Lung Capacity (spirometer)		
Circum. of Waist		
" " Hips		
" " Arms		
" " Forearm		
" " Wrist		
" " Thigh		
" " Knee		
" " Calf		
" " Ankle		

FACE.	R.	L.
Zygomatic Diam.		
Diam. of Lower Jaw		
Facial Length (chin-nasion)		
Tragus to Chin		
" " Root of Nose		
" " Tip of Nose		
" " Ext. Orbital Angle		
Distance between Pupils		
Inter Alveolar Distance at 3d Molar		
" " " " 1st "		
Depth of Palate		

EARS.	R.	L.
Greatest Length		
" Breadth		
Length of Base		
Tragus to Darwin's Tubercle		

CRANIO-FACIAL ANGLE (Virchow & Holder's)	R.	L.

INDICES.	R.	L.
Head (length-breadth)		
Face (length-breadth)		
Ear (length-breadth)		
Ear (morphological)		
Parieto-alveolar		

acquire data for the determination of the true significance of such variations, extended and uniformly accurate observations must be made, and it is desirable that a uniform system of recording the observed data be made in order to facilitate comparison. The meaning of these proven stigmata, their course, growth, evolution, and involution offer a most promising field for study which can, however, only be made to yield results by an amassing of data.

It is recognized that physicians in hospitals or asylums for the insane have unequaled facilities for the observation and study of the stigmata or signs of degeneration in the insane, and it is to them the scientific world has a right to look for the collecting of such data as will serve for a basis, not only for the study of the influence of heredity in diseases of the mind, but for the comparison with other defective and diseased classes as well as with normal man. The collection of such data will have not only a remote or statistical value, but will have an important practical value for each patient so examined. The careful consideration of the signs of degeneration is absolutely necessary to an intelligent diagnosis, which is in turn an acknowledged essential to appropriate therapy, as well as to a reliable prognosis.

The system for the observing and recording of anthropological data that I am about to present is the outgrowth of the movement for the coöperative study of degeneration that was inaugurated by this Association of Assistant Physicians of Hospitals for the Insane, at its first annual meeting, and is based largely upon the (4) "Review of the Signs of Degeneration and of Methods of Registration," prepared by Dr. Meyer at the request of this association. In the formulating of this plan I have most carefully considered the restrictions and limitations placed upon the hospital physician by his routine of duties and peculiar environment, and have recognized that any plan that will win his hearty, persevering support must not be too cumbersome and must have an immediate practical value.

I have considered the following as essential points: (*a*) To facilitate comparison, the observations made and the manner of making same must be such as are used by the leading anthropologists and alienists. (*b*) The record of all observations must be explicit and concise — completeness in the most important detail, with elimination of the unimportant. (*c*) The arrangement must be such as will facilitate the examination, insure thoroughness, and at the same time place the results upon record in such a manner that the compilation of data and comparison of individual cases may be easily made.

The various items included in this plan will be recognized as those observed by the men who have made the most extensive observations. Having taken the (4) compilation made by Dr. Meyer as a basis, I have condensed, elaborated, or otherwise modified it, in the following ways:

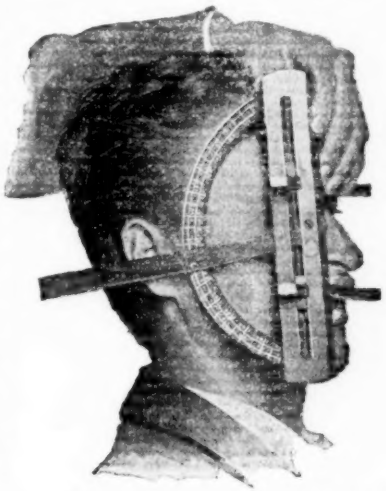
The diameters and distances are taken by the more exact methods of (5) Bertillon, used so extensively for the identification of criminals. This method has been selected for its exactness, ease of operation, and because it is fast coming into more general use in anthropometry.

The cephalometric measurements given by (6) Dr. Peterson have been taken, with the exception of the auriculo-bregmatic radii, which is omitted because of its least comparative value. Beneath this table, which is reproduced, is left a space for recording the measurements of the individual case, and there is also arranged a chart for the graphic representation of the deviations made from normal. In plotting the curve for this chart the percentage variation from the normal average is obtained by dividing each measurement by the normal average as given in the table above. A dot is placed on the chart at the height indicated by the percentage so obtained, and these dots connected with a line. After becoming familiar with this chart, the variations from the normal standard will be instantly appreciated. While this method of recording does not reveal the asymmetries as well as (7) Rieger's Craniography, it has the advantage over that method of recording in that it shows in a striking way the percentage deviation of each measurement from the normal average, and greatly facilitates the compiling of statistics, and filing, at the same time allowing comparisons of individual cases to be easily made.

Rieger's method necessitates a ruled millimeter paper of such dimensions that would, with the ordinary method of filing, require one or two foldings, making it very unwieldy for filing, reference, or comparison. While in the individual case it "allows one to dispense with the endless series of numbers," in the comparison of cases and the compilation of statistics, the distances must be remeasured from the chart in every instance, making a very slow and tedious task. While it provides for the registration of the circumferences and arcs, the measurements of the diameters *only* can be read from the chart. For these reasons, as well as to avoid the expenditure of time necessary in making the craniograph, I have dispensed with Rieger's system for routine work, and shall use it

only as an additional record in cases of well-marked asymmetry that the photographs do not make sufficiently prominent.

To the facial measurements I have added the cranio-facial angle of Virchow and Holder — that formed by the union of a line joining the naso-frontal suture and the most prominent point of the lower edge of the superior alveolar process, and a line joining the superior border of the external auditory meatus and the lower border of the orbit. It is greatly to be regretted that there is such a lack of uniformity among anthropologists in regard to the methods for obtaining the cranio-facial angle, there being no less than six different angles in use at the present time. I have chosen this one because it can be measured on the living subject with much more ease and a greater degree of accuracy than most of the others, and appears to me to embrace the points of greatest morphological value. For the measurement of this angle I have devised an instrument which, if properly used, must give a fairly accurate measurement. By means of two parallel adjustable arms, one resting on the root of the nose and the other on the gum over the roots of the upper incisors, the facial line is projected into the same plane with the basal line of the cranium, and the angle made by the meeting of these two lines is indicated upon a scale.



The inter-orbital distance varies so greatly in different individuals and extreme variations so often are found with signs of degeneracy that are unmistakable, that its measurement ought to be considered. As there are no well-marked, constant, bony points that are accessible to measuring instruments in the living head, the distance between pupils appeals to me as being the best obtainable index, and has been included in the facial measurements. It is easily made, with a fair degree of exactness, by applying a plain rule, resting it across the root of the nose.

The inter-alveolar distances and depth of palate are measured by nstruments devised for that purpose by (3) Dr. E. S. Talbot, who

has measured over 5,000 palates with them. Dr. Talbot fails to give data as to the inter-alveolar distance at a point opposite the last upper molars. Dr. Cuylitz claims that (9) "There is normally a proportion of 1 to 3½ between the distance from each other of the alveolar margins at the horizon of the last upper molars and the parietal or maximum diameter of the skull. In the hereditary degenerate, and therefore mentally imperfect, the inter-molar distance and the inter-parietal diameter are as 1:4½ or 5, and in the idiot as even 1 : 6 or 6.8. This proportion or index is, therefore, as regards the anthropology of the insane, of an extreme importance, which has not up to the present time been recognized." In order to collect data on this point, I have added the inter-alveolar distance at third molar, and the parieto-alveolar index, which latter is obtained by dividing the biparietal diameter by the inter-alveolar distance at third molar.

As a part of the routine examination, it seems to me inadvisable, with the usual hospital facilities, to attempt to make the thirty-four observations upon each ear, as required by (4) Schwalbe's chart, and have therefore limited the examination of the ear to the measurements necessary to obtain the length, breadth, and morphological indices, a photograph of the left ear in two positions (also of right ear if markedly abnormal), and a description of palpable defects.

Two photographs of the patient's head are made, one a front view, the other a left profile. These are taken behind a screen, which is in every instance the same fixed distance from the lens of the camera, and the point of the patient's face or head that is nearest the camera just misses touching the screen, thus insuring a constant scale, and allowing additional measurements of face or head to be easily made upon the finished photograph.

I have added a list of the more important physical and psychical anomalies and malformations with space for recording any that may be found in the individual case. In the examination of the insane for psychical stigmata we must rely upon the statements made by those who knew the patient before insanity appeared, and only such defects should be entered as have been noticed, so far as can be determined, prior to the appearance of insanity.

This data, including the photographs, is recorded on a blank printed on both sides of a photograph card 9⅜ by 5⅝ inches, this size being chosen in order to permit of the blank being filed with the other entrance examination papers and the clinical record. The blanks are filled out in duplicate. The original is filed with

clinical record, and the duplicates are filed in a cabinet made especially for that purpose, where they are grouped according to psychoses. The collection of anthropological data according to this system forms an essential part of the routine examination to which each patient is subjected on admission to the Illinois Eastern Hospital for the Insane.

For a list of the *literature* on this subject I would refer the reader to the excellent articles by Drs. Peterson and Meyer. (See below, Nos. 4 and 6.)

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CASES OF PARAPHASIA AND WORD-DEAFNESS.

BY W. L. WORCESTER, M. D.,
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During the time — a little more than a year — which has elapsed since I became connected with the Danvers Lunatic Hospital, eight cases have come under my observation there, having in common two prominent symptoms. Although talking volubly and without defect of articulation, they were, to a greater or less extent, unable to use appropriate words to express their thoughts, interspersing their sentences either with legitimate words having no meaning in the connection in which they were used, or with neologisms of their own invention. Again, while evidently hearing sounds distinctly, they all, with perhaps one exception, failed, to a greater or less extent, to understand what was said to them.

These symptoms, as is well known, are often associated with lesion of the first left temporal convolution of the cerebrum — a condition which was found in the only two of these cases which came to *post mortem* examination.

I have thought it might be well to bring before you brief notes of these cases, and of several similar ones that have come under my observation elsewhere, not because I have anything original to offer in regard to their pathology, but because I have reason to think that such cases are not infrequently misunderstood in hospitals for the insane.

The aphasic symptoms are liable to be confounded with incoherence, and the failure to comprehend speech to be set down to the account of dementia, which may not be present in any marked degree. Such misapprehensions may result in needless restriction of the liberty of persons who, apart from this special infirmity, have a good degree of mental capacity.

Case 1.—This case was fully reported in the American Journal of Insanity for July, 1887. The patient, a traveling agent, aged 58, was admitted to the Michigan Asylum for the Insane March 25, 1885. When admitted, his speech was almost unintelligible, and although he improved considerably, he always used many words incorrectly, and only imperfectly understood what was said to him. He died January 10, 1887. At the autopsy, extensive arterial degeneration was found, which had resulted in multiple

cerebral softening. A patch of atrophy from old softening, an inch and a half in length, was found on the upper surface of the first left temporal convolution. A small, superficial patch of softening was found in the right gyrus supramarginalis. There was recent softening of the right optic thalamus, and shrinkage from old softening of the right nucleus caudatus.

Case 2.—A shoemaker, aged 50; admitted to Arkansas State Lunatic Asylum December 29, 1887. Was stated to have had a paralytic attack in 1879 or 1880, which left him able to get about. Early in 1887 he had a second attack, which resulted in right hemiplegia with contractures. He could hobble about, but the hand was entirely useless. There was complete aphasia and word-deafness; the only articulate sound he made was something like "sagasso," which he repeated over and over. He understood gestures to a limited extent; gesticulated a good deal, but not expressively. He was greatly demented, filthy, and obstinate. He was subject to pretty frequent epileptiform convulsions, after a series of which he died July 30, 1888.

The examination was made twenty-one hours after death in very hot weather, and the brain was extremely soft. The arteries of the brain were very atheromatous. A small spot of softening in the upper part of first right frontal convolution was the only cortical lesion found. On transverse section an extensive cicatrix from old softening was found in the interior of the left hemisphere. Owing to the extreme softness of the brain its relations could not be determined with accuracy, but the nucleus caudatus, external capsule, and claustrum were extensively involved.

In this case, contrary to the general rule, the troubles of speech and the word-deafness were evidently due to interruption of subcortical connections.

Case 3.—The patient, a farmer, aged 48, was admitted to the Arkansas Lunatic Hospital June 24, 1893, with the statement that he had been shot in the head on the 29th of the preceding May. About one-half inch behind the left ear, opposite the transverse branch of the antihelix, was a small granulating surface. There was no evidence of paralysis and no defect of articulation. He complained of deafness of the left ear, but the hearing of the right seemed unimpaired.

There was very evident defect of power to understand what was said to him, and of expression, although he often evidently understood a question, and sometimes spoke a sentence correctly. The

following is an example of his defect of speech: "I didn't have no none nor nothing of the kind nor no good nor nothing else when I came here."

He invariably failed to name objects shown to him. (Shown a pencil.) "That's a cum, what I call it. Tain't right." (A knife.) "That's a comb; comb, ain't it? Card." (A watch.) "That's a crost, ain't it?" (Tries to read the time, but fails.) Asked: "Is it a pocket book?" "No, sir; that's a thing to wake with." "Is it a snuff-box?" "No; that's a thing to keep your keys. Oh, shocking! I won't say it."

In reading he made similar blunders. Thus, he read the following from a bill-head, "Book-binding of all kinds a specialty," as follows: "Book-dinging of a kinder work a scales, ain't it?"

He repeated words from dictation readily and correctly.

He wrote the names of himself and his wife correctly, but could not write his post-office address, though he evidently understood what was wanted.

In copying he usually got some resemblance to the word. "Bookseller and Importer," he wrote "Bord Sellek and Impenitert."

In writing from dictation, much the same was true. For "knife" he wrote "snife"; for "horse," "money" and "kruche"; for "cotton," successively water, "catcun," "catun," and "wacon."

He realized his inability to express himself, and was much troubled by it; if he tried to talk for any length of time he would often get to weeping. On the morning of September 13, 1893, he was found to have committed suicide by hanging.

At the autopsy, the left temporal bone was found to be perforated. A piece of lead, the flattened bullet, was found in the angle between the dura of the convexity of the left hemisphere and the falx cerebri, about one-half inch from the apex of the frontal lobe. A superficial track of a brownish color, about one-half inch wide and slightly depressed, extended from the wound over the convexity of the brain to the position of the bullet. A piece of bone of triangular shape was imbedded in the cerebral substance, opposite the wound, and surrounding it; the posterior two-thirds of the external temporal convolutions were softened and disorganized.

CASE 4.—Man, aged 78, admitted to Danvers Lunatic Hospital July 29, 1893. Physician's certificate stated that he had "been losing the faculty of memory and the ability to attend to the ordinary business affairs of life."

The notes of examination at time of admission are as follows:

"Feeble and emaciated old man, but no local signs of disease noted."

"Completely confused. Unable to comprehend where he is, although his home is in the neighborhood, and he is familiar with the place. Conversation quite incoherent. Restless and uneasy, but can dress himself with some assistance and look after his bodily wants."

January 29, 1894.—"Has gained flesh and looks in excellent physical condition. Behaves in a reasonable manner, but can not express himself intelligently (aphasia)."

I have, unfortunately, mislaid the notes of my examination made early in May, 1894, but my recollection, confirmed by Dr. Elliott, his attending physician, is that there was no evidence of motor paralysis. He talked freely and fluently, but what he said was an utterly unintelligible jargon. Although he evidently had good hearing, he gave no evidence of understanding a word of what was said to him. He could, however, comprehend gesture to some extent.

Dr. Elliott states, in note dated May 28, 1895, the day of his death: "Trouble with speech continued, and it was noted that he appeared not to understand when told to do simple things, such as to put out his tongue, etc." He died on the above date, of carcinoma of the left kidney. At the autopsy, the brain was found to be considerably atrophied, weighing thirty-five ounces. The left temporal lobe was distinctly smaller than the right, and the first temporal convolution and, to a less extent, the second, on this side, were very thin and of a yellowish color throughout, and leathery consistency. Elsewhere the gray and the white matter of the convolutions were normal in color, and the layers of gray matter distinct.

Case 5.— Man, aged 80, admitted to Danvers Lunatic Hospital November 9, 1894. According to the account furnished at the time, he was thought to have had a paralytic attack six months previously, and known to have had one two weeks before. Since then his mind had been feeble, and his conversation rambling.

Following are extracts from the notes:

Condition on Admission. —"Short, feeble, and emaciated. Arteries atheromatous and heart's action is decidedly irregular. Otherwise no abnormal signs noted.

"Perfectly quiet and inoffensive in his behavior. His talk is rambling and disconnected, and he pays no attention to questions and is probably too deaf to hear them."

January 1, 1895.—"Talks to everyone, but does not seem to hear anything that is said to him."

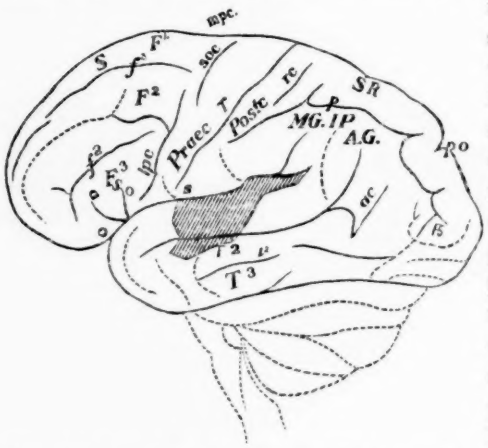
March 1.—"Has animated discussions with other patients, without appearing to hear a word they say, but, on examination, it is evident that he can hear and understand ordinary tones of conversation, when he can be induced to attend to it. As a rule, however, his replies have no connection with questions asked him."

I examined him on the 1st of May, 1895. At that time I discovered no evidence of paralysis. He talked fluently, and spoke many sentences correctly, but often used incorrect or original words. Asked about his health, he said: "Had good raggage all my life. I don't know about the care of it." About his business: "Well, I've always set on the shoe business." "If I don't take anything to me to make little loose to me, it hurts me."

He usually failed when he tried to give the names of persons or things, and still more frequently would not make the attempt, though he evidently understood what was wanted. He certainly appreciated his infirmity to some extent, and was unwilling to expose it.

During the summer he improved considerably in language. His health began to fail in August, and he died November 9th, of exhaustion.

At the autopsy, in addition to atheromatous condition of cerebral arteries and moderate degree of atrophy of the brain, particularly in frontal lobes, two spots of old softening were found, one about $1\frac{3}{4}$ inches in diameter, at the posterior end of the right superior frontal convolution, the other occupying the superior surface of the posterior two-thirds of the first left temporal convolution, extending on to the neighboring part of the island of Reil, and, in its anterior portion, involving the whole breadth of the convolution and the upper surface of the second temporal, as indicated in the annexed diagram. The brain weighed $38\frac{1}{2}$ ounces.



The foregoing are all the cases of this kind that have come under my observation in which I obtained autopsies. In the following cases the symptoms were such as to leave no doubt in my mind that similar lesions existed:

Case 6.—A physician, aged 67, was admitted to the Arkansas Asylum September 17, 1891. He was stated to have had three slight paralytic attacks, without loss of consciousness, following which one hand and arm felt as if "asleep" for a time. He lost the power of speech temporarily after the last, in July preceding his admission. About August 1st he became unable to express himself correctly, and used words of his own invention; seemed to lack intelligence.

The patient was a man of intelligent appearance, without evidence of motor paralysis. He talked volubly and with animation; his articulation was distinct, but his speech was almost completely unintelligible, owing to inappropriate use of legitimate words, and introduction of many not found in the dictionary, some of which occurred frequently. Among these, fezidation, fezination, or fezitation was the most conspicuous; e. g.: "I regard the whole thing as fezitations of the engineer, the fezitation at first I did all over the country." Asked if his bowels were regular, he said: "With my ears. Brother, you mean? Brother, one or two years; fezitation about once in twenty-four years."

He was unable to name objects. When shown a half-dollar and asked what it was, he said: "What name? Well, that'll be a fillions of a sillions, something like that. I can't tell exactly."

He was unable to repeat words. For "artillery" he said, "virginullus, or did you say?"

He did not appear to comprehend anything in reading, and when he tried to read aloud, he uttered unintelligible gibberish, containing no English words.

In writing, he formed the letters fairly well. He succeeded once, in a number of trials, in writing his name correctly, and showed a great deal of gratification. In writing he often named letters as he wrote them, always incorrectly. When asked to copy, he could not be made to understand what was wanted.

He evidently comprehended very little of what was said to him. He put out his tongue, and put his hand on his head, when asked to do so, but it was impossible to make him understand what was wanted when asked to touch his nose with his finger. He caught the meaning of gestures pretty readily.

Apart from the word-deafness and aphasia, he showed some intelligence; was neat in his habits, took care of his person, and conformed to the regulations of the ward. He often played checkers, not very skillfully, but with evident understanding of the game.

February 18, 1893, he had an attack of left hemiplegia, which left him paralyzed on that side to such an extent that he never regained the ability to walk. This did not, apparently, affect his mental condition, which remained substantially unchanged up to the time I left the asylum, in April, 1894.

CASE 7.—A man, aged about 56, for a number of years sheriff of his county, was admitted to the Arkansas Asylum June 8, 1892. Three months previously he had a rather slight attack of right hemiplegia. He soon recovered from the paralysis, but showed signs of mental impairment; could not express himself properly, and believed he was going to be robbed of his property. His health failed, and he had lost sixty pounds in weight.

The patient, apart from slight divergent strabismus of right eye, showed no clear evidence of paralysis. He talked fluently, without defect of articulation, but seldom uttered an intelligible sentence. The word "estates" occurred very frequently, and "condition" and "authority" less often. Following are some of his sentences:

"I am in no condition in the world; I have no authority."

"Have you got the estates so we can make some estate?"

"I am the liar, the proper liar of the estates."

He evidently understood very little of what was said to him. When asked his age, his wife's name, etc., he showed by his manner that he did not comprehend.

He would not attempt to write anything but his name, or to read. Named most of the letters in the title of a newspaper correctly, but could not name objects in general, although evidently understanding their use. Held them at arm's-length, and acted as if he could not see distinctly. When shown a dollar, said: "That's 50 cents' worth. I can see part of it, colonel."

He was emotional, often weeping when talking.

Was removed by his wife after a few days.

CASE 8.—Woman, aged 66, admitted to Danvers Hospital September 8, 1893, with the statement that she had been failing mentally for some years, and a few days before suddenly seemed confused, and soon after manifested delusions. A marginal note to preliminary history says: "May have had a slight apoplexy." She was discharged as improved in the following May, and again

admitted January 2, 1894, because she had no one to take care of her. Nothing is said, either in the notes of her first admission or record of examination on re-admission, of any defect of speech, but when my attention was first called to her, although she seemed to understand what was said to her, she talked in a way characteristic of sensory aphasia of a moderate degree. The words "prominent" and "figuring" recurred very frequently, e. g.: "My daughter is prominent in her health. She is very much in the health that she needs." (Asked how many children she has.) "I have only these two, but others I figure on considerably, and am very prominent with them, you know." Her son is "in business that she likes to see and hear of; he is figuring on the business."

She died September 8, 1895, of dysentery. No autopsy was allowed.

Case 9.—Woman of Irish birth, aged 63; admitted to Danvers Hospital May 28, 1895. About one year previously, while standing in her door watching a procession, she suddenly developed the disturbance of speech found to exist at the time of admission. Seemed unable to recognize friends; had tried to commit suicide by jumping through a window.

On admission, she was an intelligent-looking woman, with animated manner and expression, very fluent in speech, but almost entirely unintelligible; articulation was perfectly distinct, but her talk was a jumble of disconnected words. She utterly failed to name articles shown to her. A shoe she called "one of the beds"; a knife, "one of the peabods"; a bunch of keys, "Mrs. Davidson's foldings." Asked: "Is it a house?" "Yes, sir." "Is it a wagon?" "Well, I don't know." "Is it a key?" "Yes." "Is it a chair?" "I guess so."

She understood some simple directions, as, to get up and walk, to pick up a pencil, to show her tongue, but could not comprehend what was wanted when asked to touch her nose with her finger, put out her tongue, touch her mouth, etc. She seemed to be illiterate; would make no attempt to write. She succeeded pretty well in repeating words.

When asked to sing "Wearing of the Green," she repeated the title, but seemed unable to recall the tune. After a few notes had been sung, she began humming something entirely different, but not devoid of melody.

She is still in the hospital, and there has been no material change in her mental condition. Examined on the 20th inst., said:

"You ought to know the big trylings of the bales, the jales." Asked to say "geranium," said "gerame"; "omnibus," "omisibus," "omisis"; "teakettle," "teakubellee"; "crucified," "crusitis." (Shown bunch of keys), "they're all dies;" (a knife), "that's a beltin, bellum." Failed to comprehend when told to put her finger on her eye, to put out her tongue, to take hold of my hand.

Case 10.— Woman, aged 66; English. Admitted to Danvers Hospital August 6, 1895. Mental impairment noticed about eighteen months, gradually increasing. Had an aortic, regurgitant murmur of heart on admission. Evident word-deafness and paraphasia; she understood very little of what was said to her; her speech was a mixture of inappropriate and original words. Could not name any object shown to her. Asked to name a bunch of keys, "Oh, father put 'em up; he made a fine mess of 'em." Her ear, "Hopa than sane." A watch, "Oh, that's grander and grander." Can not sing a tune, read or write. No evidence of paralysis. Removed by her husband November 6, 1895.

Case 11.— Woman, aged 67; admitted to Danvers Lunatic Hospital October 11, 1895. On the 20th of September previous, while apparently in good health, she was asked by a blind brother the time of day, and replied that it was "28 waits." This was the first intimation of any trouble. Shortly after, she vomited and seemed prostrated, but did not lose consciousness and showed no paralysis. Was taken to the local hospital, where diagnosis was made of cerebral thrombosis. Kept there till October 10th; was thought not to recognize place or persons when brought home. On admission she seemed in good physical health, and showed no evidence of paralysis. She manifested an interest in the examination, and comprehended gestures readily, but words very imperfectly. By repetition of the direction and correction when she used the wrong hand, she was got to put her right hand on top of her head, but could not be made to understand when told to pick up a pencil or sit on the edge of the bed.

Paraphasia was very well marked; e. g., "My heart is full of thoe." "I hope I shall take my daws by and by." Could not name objects. (Shown a pencil, said:) "Oh, it's a hat, isn't it?" (An awl.) "It's a mitty, isn't it?" (A watch.) "That's a hale, light of place, isn't it?" "I think I'm kind of cranky lacky about my things." Unable to tell when objects were correctly named; assented when a key was called a plate, a spoon, etc. Asked to write her name, wrote "Ho," then "H" repeatedly, and "F" once.

Asked to name letters, only named "o" correctly. Hummed part of "Auld Lang Syne" and two or three hymn tunes correctly, mostly without words. In place of "Nearer my God, to Thee," sang "And talk to me, my goose." She realized her defective expression, and was much annoyed by it.

She is still in the hospital, and her case presents essentially the same features, though she has improved distinctly, both in comprehension and speech. On the 20th inst., when asked where her home was, said: "Why, Mr. Bull, my mother, my mother's man." Asked her age: "Seventy-five, I guess; I don't know; am I or am I not?" "I never painted my nose, or done anything or not." "It is real hard to lise my piler; I never see anything like it," are other samples of her expressions.

She repeats many familiar words correctly, but fails on others, though usually getting some resemblance to the original. Asked to say "spectacles," said "petticles"; for "telegraph," "helligram, redigo, redigraph." Seldom names anything correctly; called a chair a "hai"; a knife, "That's a nevus, a nevus rade;" a pair of spectacles," "Apple, apple, pussy."

She understands simple directions pretty well, though she usually carries them out with some hesitation; picked up and counted a bunch of keys, by direction, making ten instead of eleven, the actual number; folded a newspaper. Asked to write her name, made a scrawl in which some of the letters of her Christian name were recognizable. Read the heading of a paper, "Boston Journal," but could not make out another word; tried to spell out some of the words, but miscalled many of the letters.

Case 12.—A married woman, aged 42, admitted to the Danvers Hospital November 12, 1895. According to her husband's statement, she had always had good health up to about a year previous, when she had an attack of grippe. She was not severely ill, and apparently made a good recovery, but soon afterward began to have convulsions, which had recurred up to the time of admission about once in six weeks. For a few minutes would be unable to speak, although conscious and able to communicate by gesture; then would fall and have a general clonic spasm. For a few days afterward she would be unable to speak intelligibly, although seeming to understand all that was said, and going about her housework as usual; then would recover, to all appearance, completely. The last attack occurred about seven weeks before admission, and she had not recovered from the disturbance of speech; had done

some work, and seemed to understand what was said. Appetite and sleep were good, but she had lost flesh and complained of headache. Heart much enlarged, with double murmur. No evidence of paralysis was found. Knee-jerks could not be elicited. Pupils equal; reacted normally.

Mentally, she seemed somewhat emotional; wept and laughed during examination, without apparent cause. Seemed to understand all that was said to her; followed all directions promptly. She was markedly paraphasic, using inappropriate words and neologisms to such an extent that very little of what she said could be understood, e. g., "The lady that taught me that was custard up the teams." "I wanted so mere to tell the doctor to come up cochially with me." Was unable to name objects; shown a watch: "That's a sev;" a knife, "Oh, that's a knife, a pira;" a pencil, "That's a knife, a curtain, a bloater;" her eye, "That's a good knife, my fork, plaster." Asked to write, she made some illegible scrawls, and gave it up, saying: "If I had my poursel; if I had my wind." Named the letters in the word "antikamnia"—a, n, t, a, x, a, m, n, a, n.

Nothing abnormal was found on ophthalmoscopic examination. The urine contained a trace of albumen and pretty numerous hyaline casts.

Provided with glasses, she read much as she talked; read for "The Second Book of Samuel" "The Sarah Book of Sarah."

November 17th she suddenly, about noon, seemed weak, and staggered in walking. Afterward became much confused, disarranged bedding, denuded herself. She soon recovered, and had no similar attack during her stay. Helped, with fair efficiency, in the work of the ward, and showed no marked mental disturbance apart from the aphasia. Removed, December 2d, by her husband. In a letter, recently received, this patient's husband states that she has improved decidedly since her return home, attends to her household duties, and goes out among her neighbors. Her condition as to speech is somewhat variable.

CASE 13.—Fireman, aged 51, admitted to Danvers Hospital December 4, 1895. Had an apoplectic attack about seven weeks previously, and had since been apprehensive of harm.

At admission he seemed weak, but no paralysis was discovered. Mentally, he showed decided word-deafness and paraphasia. Could not name objects. When shown a watch, said it was "About the same as I used to complain all the time;" a cent, "Oh, that's

all, ten pence, eleven pence, one pence." When told to put his left hand on his head, rose from seat; told to put his finger on his nose, touched first one ear, then the other.

Made an illegible scrawl when asked to write his name. Appreciated that it was not right, as well as that he could not talk correctly. Soon afterward he had an attack of unconsciousness, with some convulsive movements, lasting for some hours. Subsequently he seemed more confused and demented, his health failed, and he developed pneumonia, and died April 1, 1896. No autopsy was obtained.

In addition to the foregoing cases, which have been under my personal observation, I find reports, in the post mortem records of the Danvers Hospital, of several cases in which lesions of the left temporal lobe have been associated with aphasic conditions.

Case 14.—Man, aged 62, admitted January 9, 1884. The physician's certificate states that he was found in a dazed condition, December 28th; had aphasia and some paralysis of speech. Aphasia is mentioned several times in the notes of his case, without any particulars. Death April 13, 1884, from erysipelas, following an apoplectic seizure.

At the autopsy the cerebral arteries were found extensively atheromatous. The cortex of the anterior portion of the right temporo-sphenoidal lobe and the adjacent island of Reil was softened. At the posterior portion of the first and second left temporal convolutions was a cicatrix, about one-third inch in diameter, extending inward to the lateral ventricle. A cyst was found involving the anterior part of the right internal capsule and nucleus caudatus.

Case 15.—A single woman, aged 41, admitted May 19, 1885, suffering from right hemiplegia, total blindness, extreme dementia, and aphasic symptoms. With reference to the latter, it is stated: "She understands little or nothing; she can hardly give an intelligent answer to any question; talks incoherently, repeating, for the most part, words and phrases which she has heard from others." These symptoms were said to have come on gradually during the preceding two years.

At the autopsy, December 21, 1885, an extensive area of white softening was found in the left hemisphere, involving the posterior third of the frontal and entire parietal lobe, and the posterior two-thirds of the first and second temporal convolutions, and extending deeply into the cerebral substance.

CASE 16.—Fisherman, aged 57, admitted September 4, 1885. The physician's certificate states: "Has had partial paralysis, followed by aphasia." In the description of his condition on admission there is no mention of paralysis. With regard to mental symptoms it is stated: "Understands all that is said to him, and his actions since admission have been rational, though the confinement is very irksome. He has aphasia in a marked degree. Recognizes his condition and understands that it is the result of a shock. His phrases are very limited, e. g., 'All right,' 'I can't talk,' 'yes,' 'no.' Refers his aphasia to his throat." Died June 6, 1886, of erysipelas. There had been no improvement in his aphasic symptoms.

At the autopsy an area of atrophic and white softening half an inch in depth was found involving the left gyrus angularis, island of Reil, the first and part of the second temporal convolution. There was slight atrophy of the frontal convolutions, and the pia was adherent over the lesion described above, and also the lower portion of the ascending frontal and posterior part of third frontal of the same side.

I do not suppose that a lengthy discussion of the foregoing cases is necessary. That the posterior part of the first left temporal convolution is in some way specially connected with the memory of words is, I suppose, as well established as any fact in cerebral localization. Such being the case, lesions of the cortex of this region will impair both the comprehension of spoken language and the power of expression in speech. If its connections with the auditory apparatus are cut off, there will be word-deafness without disturbance of speech; if its connection with the motor speech-center is interrupted, there will be paraphasia without word-deafness. Of course interruption of both sets of connections will have the same effect as destruction of the center itself, and this I judge to have been the condition in my second case. This was the only case in the series in which both aphasia and word-deafness were, so far as could be judged, absolute.

Conversely, we are justified in reasoning from symptoms to lesions, and inferring, in presence of paraphasia and word-deafness, damage to the first left temporal convolution or its connections. The diagnosis between these symptoms on the one hand and inattention and incoherence on the other need not, under ordinary circumstances, present any great difficulty. It is well to proceed systematically in testing such cases, and the following points should be considered:

1. The ability to comprehend spoken words, best tested by directions to be followed by the patient.

2. The memory of words, best tested by requiring the patient to name objects.

3. The ability to repeat spoken words.

4. The ability to read.

5. The ability to write, spontaneously or after dictation.

6. The ability to copy printed or written matter.

It will have been noticed that most of my cases showed marked impairment in all these regards. In most of them the word-deafness was apparently less pronounced than either of the other symptoms, and yet it may be questioned if the advantage in this respect was not much more apparent than real. It is much easier to understand a simple direction than a long and involved sentence, but in the case of failure in the latter respect, it is not easy to distinguish with certainty between word-deafness and lack of attention. The nature of the disturbances of speech depends on the locality and not the character of the lesion, but the mode of onset may throw valuable light on the cause of the symptoms. Arterial thrombosis is the most common cause of these conditions, but they may be due to tumor, abscess, hemorrhage, or traumatism.

Whether the symptoms specially referable to lesion of the center for word-memory shall be associated with others or not depends on the extent of the lesion. Owing to its greater distance from the motor region of the brain, disease of the temporal lobe is much less likely to be complicated with motor paralysis than in the case of damage to Broca's convolution, and it not infrequently happens that hemiplegic symptoms are either entirely absent or transient. This renders such cases more liable to be overlooked than cases of motor aphasia. If the recital of the foregoing cases should result in directing attention to the similar ones, which are doubtless, in the aggregate, pretty numerous in the hospitals for the insane of this country, my object will have been accomplished.

THE PSYCHIC INFLUENCE OF THE NIGHT SEASON.*

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The diurnal alternation of night and day is not without interest in its psychological influence upon the human race. The ebb and flow of energy that it represents is an element of vast importance in our existence. Day is the period of active energizing, night that of repose and recuperation. In the former there is a state of elevation, a natural confidence and a willingness to undertake whatever responsibility may present itself. In the latter there is just as truly a natural depression, a timidity and cowardice in confronting the obstacles in our path.

The accumulated inheritances of countless ages through this ever-recurring elevation and depression have stamped this wavelike characteristic upon every mental operation. The ebb and flow in mind activities is universal. It permeates every form of psychic energy. It gives coloring to our emotional states. It is seldom that in any individual, or at any time, we find an accurate ideal equipoise. We are either in a state of exaltation or of depression, either too confident and self-reliant, with vision too highly colored and enthusiasm too much exalted to be justified by the circumstances of our environment, or we are in the opposite condition of depression and timid cowardice, with little confidence in our powers and an undue extravagance in our estimate of the difficulties in our pathway. Even when this becomes impersonal and is crystallized into the energy of nations the same tendency is seen. One extreme of opinion almost invariably follows another. The pendulum of thought and psychic energy forever swings first to one extreme of its movement, then to the other. The world is apparently unable to calmly and deliberately maintain a correct status in opinion or practice. It is either too credulous or too suspicious, too indulgent or too intolerant, too confident in its knowledge or too ready to find cause for criticism and disbelief. How far this oscillation between antipodal points depends upon or is influenced by the diurnal withdrawal and return of the solar influence is possessed of more than merely curious interest. It is not unworthy of a few moments' time and study.

* Read before the American Medico-Psychological Association at its meeting at Boston May 26–29, 1896.

Night is the withdrawal of the light and heat of the sun. No amount and no intensity of artificial illumination will replace this withdrawal. In spite of all the artifice and invention of man, night still reigns supreme. No matter how much we may attempt it we can not turn night into day. Although we may supply light and noise and the stir and bustle of day, it is still night. The tendency toward repose and a letting down of the armored guard that the activity of day brings with it, are still there.

There is a calmness and a soothing stillness in the air of night. "All is gentle, nought stirs rudely, but, congenial with the night, whatever walks is gliding like a spirit." (Byron.) There is a mystery in the season of darkness that inheres in the very atmosphere. However we may explain it, man's credulity is greatly increased at night. He is willing then to believe in the existence and power of supernatural agencies, that have no influence on him during the day. Night is the season of ghosts and hobgoblins. The dead then waken from the grave, and malefactors return to further curse the scene of their former crimes. Whoever heard of one of these mysterious personages appearing to the ken of man in the daytime? No matter if the earth is enshrouded in the inpenetrableness of a London fog, ghosts do not appear in it. Hobgoblins and night are inseparable, and the only sufficient explanation for this curious circumstance would seem to be that night has such an influence over our emotional states that we are then ready to accept as sufficient evidence appearances that at other times would be wholly inadequate.

There is an element of timidity and fear in our organization that is greatly enhanced at night, and this may largely account for our increased credulity at that time. Our belief is born of our fears. How many physicians are there who can not bring proof of this? Many of their night calls are due to the greater uneasiness of the patient, or his parents or friends, on the approach of night. They are affrighted then at symptoms that would not alarm them during the day, and hasten to send for the physician to relieve them of the fears that night itself has seemed to bring to them. Again, in many cases of illness there is an actual exacerbation in the symptoms with the approach of night. This is notably so in children. This may have a double origin. It may be due to the increased timidity of the individual at that time, and a consequent increase in the subjective sensations of the disease, and it may be due, at least in part, to the natural letting down of the power of resistance of the organ-

ism that we believe does occur during the night. Whatever may be the explanation the fact is indisputable, and there is not a mother who does not dread the appreach of night when her child is seized with dangerous illness.

A still more interesting fact is the influence of the night season over our moral attributes. There is a letting down in this direction very similar to that seen in the field of the emotions. Byron says: "There is not a day sees half the business in a wicked way on which three single hours of moonshine smile. There is a dangerous stillness in that hour, a stillness which leaves room for the full soul to open all itself, without the power of calling wholly back its self-control." This could not be better expressed. The power of resistance to things evil is then diminished. Deeds of evil are then planned and temptations then prove too powerful to be put aside. Darkness and evil deeds are closely allied, and not solely, we believe, because they can then be most effectually concealed, but because then evil runs rampant in the human heart, and the natural resistance to its control is then much impaired. Temptations to the young and the inexperienced are fraught with far greater danger to their well-being if they are presented at night. What would have no allurement during the day often has such a glamour thrown about it by the accompaniment of the night season that we fall victims to its wiles. It is at night that the siren and the demi-monde are abroad in the land. Why is it that they choose this hour rather than the day? Partly, doubtless, because then is the hour of recreation with many, but we believe also because then the guard over human passions is partly released and their beguilings are therefore the more fraught with success. The very mystery of night, a mystery inherent in its shadows and its impenetrableness, is conducive to an expanding of the imagination. It is a beautiful imagery that finds in its shadows and its solitariness an enlargement of the vision rather than a curtailment; that sees in the darkness of midnight new worlds that the light of the sun has concealed from us; that finds in night a broadening of the field of the mind's vision to which the very light of day has made us blind. Blanco White has well portrayed this in his lines:

"Mysterious night; when our first parent knew
Thee by report divine and heard thy name
Did he not tremble for this lovely frame,
This glorious canopy of light and blue?
Yet 'neath the curtain of translucent dew,

Bathed in the rays of the great setting flame,
Hesperus, with the host of heaven came,
And lo! creation widened in man's view.
Who could have thought such darkness lay concealed
Within beams, O Sun! or who could find,
Whilst fly and leaf and insect are revealed,
That to such glorious orbs thou mad'st us blind?"

There is an awe and a wonder in darkness itself, and a sharpening of all our senses, that renders every sound more clear and makes every object stand out in greatly heightened distinctness. The sense of hearing is more acute, the eyesight detects objects more readily, the touch is quickened, the whole being is more sensitive. Whether this be evidence of weakness, the hyperæsthesia of nervous exhaustion, or a quickening of every tissue in its instinctive strife for self-preservation, may be beyond us; of the fact we all have proof in the promptings of our own hearts.

It has been often surprising to me that night had such an influence on the impressions that current events make on myself. If by chance I should have something unpleasant in my daily experience, as it may well be believed we do have at times, and if I chance to waken during the night, I have been much exercised and annoyed by the fears and mental distress that arise in my mind. The next day, perhaps, in thinking it over, I am astonished that I was so foolish as to let such anxiety take hold on me.

The most dangerous hours of the twenty-four to the melancholic are the latter hours of the night. The depression is then greatest, obstacles then seem most insurmountable, and the power of resistance to the suicidal impulse is then least effective. I have often found it necessary to give especial instructions to attendants in this regard. This all goes to demonstrate that the energy of the patient is at its lowest ebb during the night; that there is then a natural depression and timidity.

What is experienced by the sane, influence also the insane, and obstacles and misfortunes then mount highest in their vision. There is doubtless scarcely a melancholic who does not at one time or another have suggestions of self-destruction, and whether or not they will control depends entirely on the strength of the suggestion. The particular hour of the night is often sufficient to throw the balance against the poor unfortunate, and in this sense it becomes an actual exciting cause of suicide.

It is a fact that we should not lose sight of, and we are convinced

that it has its basis in a physiological variation of the organism at this hour. Just as certainly as that there is a physiological condition of exaltation and sense of well-being, so also is there a physiological state of depression and irritation with our environment. It is not necessary to assume that this implies disease. It does not. It is simply an inevitable reaction, such as is seen in all physiological phenomena. There is a coming and a going, a rise and fall, a season of joy and a sense of pain, and we are persuaded that the greatest factor that instituted and enforces this law of nature is the daily cycle of the earth on its axis, with its necessary presentation and withdrawal of organic life to that source of all life and energy, the solar center. In its presence we imbibe warmth, energy, confidence, life; in its absence we suffer the reaction of coldness, lowered ambition, lack of confidence, and moral cowardice. A curious physiological fact and one not without its practical application.

THE DEGENERATE JAW.*

BY GEORGE BOODY, M. D.,
Assistant Physician, Iowa State Hospital, Independence, Iowa.

Gentlemen: It was my intention at the last meeting to have presented to you at this time the results of 1,000 examinations of the jaw, but my duties have been such that I could not accomplish the work laid out, yet the few I have made will, I think, be of interest to you.

In order to know just what the measurements of a normal jaw is, many thousands of jaws had to be measured, and a standard by which all jaw measurements might be compared established, and thus the degenerate jaw could be easily determined. Dr. Talbot of Chicago, and others, after a long series of examinations and exact tabulation, arrived at the following conclusion:

First. That the average height of the arch is 13.75 mm.; that any arch above 15.50 mm. is high, and that any above 21.25 mm. is very high; that any arch below 12 mm. is low, and under 6.25 mm. is very low; that those between 12 mm. and 15.50 mm. are medium.

Second. That 53.95 mm. is the average lateral diameter; that any vault less than 50 mm. is narrow, and above 62 mm. is wide; that those lateral vault diameters between 50 mm. and 62 mm. are medium.

In comparing the cases I have examined during the past two months in the Iowa Hospital for the Insane, with the above standards, I find that in the two Bohemians, whose measurements were carefully taken, there was one deformity, and that a crowding of the teeth on the left side of the upper jaw; that of the four Canadians one was normal, one had an arch of 16.50 mm., with a left partial saddle arch, another an arch of 20 mm., and the fourth 18 mm.; that in the four Danes there were three high arches—16, 16, and 18 mm. respectively; that in the four Hollanders, there was one low arch, 8 mm., and one semi-saddle arch; that in the four Irish patients there was one arch 17.50 mm. high, with excellent teeth, one a paretic dement, with a 16 mm. arch, all the crowns much worn and a little facet on each, and a third with a vault of only

* Read May 8, 1896, at the meeting of the Association of Assistant Physicians of State Hospitals, held at the Iowa State Hospital, Independence.

10 mm. in height; that of the six Swedes examined three had each an arch of 11 mm., and in one the teeth were excellent, two had each an arch of 21 mm., and in one the right canine was out of line externally, but the teeth were very good; the sixth had an arch of 20.50 mm. and a partial saddle; that of the eight Norwegians two had each an arch of 17 mm., and in one of these the teeth were much crowded; one an arch of 19 mm., with excellent teeth; one with all the measurements normal, but the teeth of the lower jaw were crowded and the upper teeth widely separated, an arrest of development in the lower jaw and excessive in upper; one a vault of 17.50 mm., one 16.50 mm. and upper teeth one-eighth inch apart; lower, less than one-eighth inch; one arch 17.33 mm., and the eighth, with average measurement, gave a deformity by having one side of the jaw sufficiently out of line to give a partial saddle, thus giving 100 per cent of deformities. Among the twenty-six Germans there were three arches measuring 17.50 mm., and in one of these the teeth were immensely large, and in another the teeth were excellent; one 20 mm. arch, teeth much worn, and a shallow, cup-shaped depression on the crown of each; five had each a jaw of 16 mm., one 16.33, one 16.50, one 17, one 11 mm., with a partial saddle, one 18 mm., with unusually good teeth, and one in which the diameters were all within the normal range, but the teeth were very irregular and crowded.

Of the ninety-five American-born examined, there were seven arches with each a height of 18 mm. and in one of these both the lower and upper teeth were crowded, but other than the deformities mentioned the jaws were normal; six with each an arch of 19 mm., and in one of these there was a semi-V., the teeth were crowded and one entirely out of line on the right side; one vault 22 mm. in height and a partial saddle arch in addition, one 18.25 mm. vertical diameter and teeth excellent; twelve with each an arch of 16 mm. and in one there was also a saddle; two others each had a deformity known as partial saddle; the second bicuspid on the left side in another was clear out of line internally and the teeth all much crowded; a third had one incisor and the right canine out of line externally; in six the arches were low, having each a height of 10 mm., and in one the lower teeth were much crowded; in another there was a small depression in the crown of upper and lower teeth, and in another the crowns were all much worn; each of two others had a partial saddle, an antero-posterior diameter of 45 mm. and one of these had also a lateral diameter of 45 mm. In five the

jaw measurements were within the normal limits, but in one of these there was a partial saddle with lower teeth much crowded, and in two others there was recession of the lower jaw, with the teeth of the upper jaw of one of these slightly crowded, and the lower teeth very much so; in one there was a partial V-arch, upper teeth irregular and projecting over lower one-fourth inch, head very large in proportion to body, and left angle of the mouth markedly lower than the right; in the fifth there was a right-sided partial V.; two cases had each an arch of 21 mm. with a semi-saddle in one, making three deformities in two jaws, and four other cases had each a vault of 17 mm. with a partial saddle in one; two cases had each a diameter of 16.50 mm., a third an arch of 18.50 mm., a fourth 17.25 mm. with a partial V. and incisors widely separated and the jaw projecting far over the lower, showing excessive development; a fifth with an antero-posterior diameter of 45 mm., head large, round, an immense jaw, a short, thick neck, and comparatively small eyes, which slant upward at outer angles; of four others, one had a vault of 21.50 mm., another 11.25 mm., and two others each had a vault of 11 mm., with lower teeth in one much crowded and with upper teeth much worn.

Of the cases examined, as already noted, two are Bohemians with one deformity; three are Canadians with four deformities, two in one case; four Danes with a high arch in each; four Hollanders with three, in each of which is a deformity; four Irish, in which one only escapes a deformity; six Swedes with eight deformities, four of which exist in two cases, two in each; eight Norwegians with as many deformities, one in each case; twenty-six Germans with sixteen deformities, two in one case, making only fifteen patients with deformities, ninety-five American-born, with fifty-three cases in which there are deformities, and in some of these are two and three in one jaw, making more than fifty-three actual deformities. The total number of cases examined is 153, and the number of deformities among these is 81, making the percentage of deformities 52.80.

ACCOUNT OF AUTOPSY WITH ABNORMAL KIDNEY.

BY J. MORSE, M. D.,
Assistant Medical Superintendent, Eastern Michigan Asylum, Pontiac, Mich.

Patient, E. L., aged 48, a domestic by occupation, native of Canada, was admitted to the Eastern Michigan Asylum in February, 1894, suffering from paretic dementia. Little was known of her preliminary history except the following facts: She had been intemperate, addicted to sexual excesses, and for a considerable period had lived with a man as his mistress. She claimed to have several children, but nothing was known of them. One year previous to admission, while living in the county house, she had an attack of pneumonia, and had not been well since that time. Although no definite history of the disease could be obtained, there was little doubt of syphilitic infection. She had had delusions of apprehension and suspicion, and believed herself deprived of considerable property. At times she had been irritable and made assaults upon her companions. On admission she was suffering from a severe cough, respiration was labored and asthmatic in character, and dullness on percussion was noticed at the apex of the right lung. Mucus rales were also heard in this locality. Her pupils were unequal, the right being adherent, the result of an old iritis. A slight degree of hyperæsthesia was noted. The patellar reflexes on both sides were exaggerated, and on the right there was a patellar clonus. The other tendon and superficial reflexes were exaggerated. Memory defective and dementia very marked. There was coarse tremor affecting both hands and arms, but not noticed in the legs. On the 12th of March, while at the dinner table, she had an epileptiform seizure without loss of consciousness. The convulsive movements were present in the left arm only, and lasted for several hours. There was at the same time anæsthesia of the right leg and of the entire left side as high as the cheek. Patellar reflex on the left side was abolished, that on the right diminished. Seizures of similar character occurred at frequent intervals, the convulsive movements usually affecting the left side, and occasionally the right, and were followed at times by transitory paralysis. December 14, 1895, she had an attack involving the muscles of both sides of the face and both arms. Considerable hemorrhage from the tongue occurred in consequence of biting it. Later in the evening, as the condition became more aggravated, the tongue was severely injured, making

it necessary to use a gag. The following morning, at 3 o'clock, she had another convulsion, in which she died.

Post-Mortem Examination (three hours after death):

No *rigor mortis*. This, however, developed before the examination was over. Body well-developed and nourished. Discoloration from settling of blood in dependent portions of body — shoulders, neck, and arms. Scalp thin. Skull asymmetrical. Right parietal prominence more marked than the left. Left parietal bone flattened. Measurements: Circumference, 21 inches; antero-posterior, 11¼ inches; transverse, 12 inches; cranial index, 44¼ inches. Skull of moderate thickness. Dura somewhat adherent to skullcap in posterior part of median line, normal in thickness, adherent to pia along both sides of longitudinal fissure. Sinuses distended with blood. Cerebro-spinal fluid increased. Arachnoid and pia thickened and generally opaque, less adherent over the left hemisphere than over the right. Cerebral veins in occipital region, left side distended. Blood-vessels at the base normal. Right temporal fossa smaller and shallower than the left. Numerous areas of atrophy in the form of depressions scattered over the convolutions of right hemisphere. These were most numerous on both sides of the fissure of Rolando in the ascending frontal and parietal convolutions, and in the frontal region of the right hemisphere. On the left hemisphere two or three similar depressions were seen along the border of the longitudinal fissure and in the frontal region. The convolutions of the left hemisphere were finer and better developed than those of the right. Weight of brain: Cerebellum and medulla, without the dura, 45 ounces; cerebellum and medulla, 6¼ ounces; right hemisphere, 18¾ ounces; left hemisphere, 20 ounces. Section, after being in alcohol, showed thin cortical substance, especially in the frontal lobes. Bilateral softening of corpus-striatum, affecting both the lenticular and caudate nuclei.

Thorax.—Pleural adhesions on both sides, more extensive on the left. Intralobular adhesions appeared in the right lung, making differentiation difficult. Tubercular deposits at the apex of left lung and involving the entire upper lobe of the right. Heart and aorta as low as the diaphragm removed entire. Arch of aorta dilated, and in its walls were large calcareous deposits, involving the entire circumference, and about 1-16 inch in thickness. Numerous deposits of a similar character were found as far down as the bifurcation of the aorta. Its inner surface was roughened. Minute calcareous deposits in the aortic valves, but otherwise the valves

were normal. Ante-mortem clot in the right auricle, a small one in the left auricle and in the arch of the aorta. Weight of heart and thoracic aorta, 14 ounces.

Abdomen.— Liver normal in appearance. Weight, 34 ounces. Gall bladder distended. Spleen small and friable. One-third normal size. Uterus atrophied. Adhesions of right appendages. Numerous peritoneal adhesions scattered through the abdomen and pelvis. All of the viscera had large deposits of fat, especially the mesentery.

Kidneys.— The two kidneys were imbedded in fat, and were united by the inner borders of the hila into one mass, which lay in front of and on each side of the vertebral column at the level of the third and fourth lumbar vertebra. Behind it were the aorta and inferior vena cava. The posterior surface was smooth, concave, and showed no line of union between the two kidneys. Its anterior surface presented two depressions, separated by an irregular ridge, representing the hila of the two organs. The right ureter, when near the kidney, was much dilated, filled with fluid, and had the appearance of a cyst. This divided into four branches, which entered the calices of the kidney. The left ureter was not dilated, but continued of the same caliber until it divided into seven branches, which entered the kidney. The blood supply was derived from three arteries. The right renal artery sprang from the aorta, two inches above the superior border of the body of the kidney. One-half inch below its origin it gave off a branch which passed downward and outward, entering the superior border of the right portion of the kidney. The main artery passed downward until it reached the level of the superior border of the hilum, where it divided into four branches. One passed to the outer border of the right hilum, the second to the inner border, and the third, after passing downward one inch, divided into two branches, which passed, the one to the inner and lower border of the right hilum, and the other to the same portion of the left; the fourth branch passed upward and outward to the supra-renal capsule, a distance of three inches. The left renal artery sprang one inch above the superior border of the kidney and passed downward and outward to the outer border of the left hilum. The other artery sprang from the aorta a little above its bifurcation and, running upward, entered the posterior surface of the kidney, near the median line. The venous supply did not vary much from the normal. The right supra-renal capsule ay about three inches above the kidney, and the left about one inch.

THE PRESERVATION OF SERIAL SECTIONS.

BY W. L. WORCESTER, M. D.,
Assistant Physician and Pathologist, Danvers Lunatic Hospital.

The importance of serial sections in the study both of the normal and pathological anatomy of the brain, more especially the medulla, pons, and nasal ganglia, is generally recognized. At the same time, the mounting of an unbroken series of sections through one or all of these regions requires a great outlay of time and glass, and for many purposes would be unnecessary if any desired section could always be available for examination. I have hit upon a method which I have found very convenient for this purpose. If, as is probable enough, I am not the first discoverer, it may still be of benefit to others who, like myself, have not happened to meet with it.

Pieces of tissue paper, a little larger than the sections to be mounted, are numbered, in lead pencil, consecutively. When the specimens, imbedded in celloidin, in the usual way, are cut, the sections are taken from the knife on the papers, and laid, one above another, in alcohol. Such as are wanted for immediate mounting can be put, in the same way, in a separate dish. The remaining sections, when a sufficient number have been cut, are rolled together, furnished with a paper label, tied up, and kept in alcohol. When any are wanted for examination, the bundle can be unrolled and the specimen desired taken from it. If the papers are separated under alcohol, there is little danger of tearing the sections.

The specimens to be mounted can be carried through the staining and cleansing fluids on the numbered papers, and their position in the series thus determined at any stage.

ABSTRACTS AND EXTRACTS.

BRITISH MEDICO-PSYCHOLOGICAL ASSOCIATION.—At the annual meeting, held in London, July 23 and 24, 1896, Dr. Mickle was chosen president of the association for the ensuing year, and Dr. Percy Smith of Bethlem, honorary general secretary. Among the papers was one by Dr. Channing of Boston, on the "Significance of the Narrow Palate in Idiots." Dr. Channing's conclusions, founded on the examination of 850 casts of palates of idiots, were as follows: 1. Nearly half the palates of idiots may be classed as of the U-shape. 2. There is no form of palate peculiar to idiocy. 3. Palates of healthy children and idiots under eight years of age do not, as a rule, markedly differ. 4. In about 8 per cent of idiots infantile characteristics of the palate persist in adult life. 5. Palates of normal individuals are often deformed. 6. In the idiot it is a difference of degree and not of kind. 7. In either case it shows irregular development anatomically. 8. The underlying causes probably include all the complex conditions of modern life. 9. Dentition is largely responsible for the deformity. 10. The statement that V-shaped or other varieties of palates are stigmata of degeneration remains to be proved.

BRITISH MEDICAL ASSOCIATION.—The meetings of the section in psychology were held on July 29 and 30, 1896, at which many interesting papers were read. Dr. Oswald of the Gartloch Asylum, Glasgow, opened a discussion on the "Use of Sedatives and Hypnotics," in which he presented the following opinions: Paraldehyde is safe and speedy, and tends to restore the broken habit of sleep. In the cases for which it is unsuited, such as the mania of epilepsy and the excitement of chronic and recurrent mania, he preferred chloral and bromide of potassium, or the latter combined with cannabis indica or hyoscyamus, the two forming a most useful and safe sedative and calmative. He deplored the neglect of such proved sedatives as conium and digitalis, and expressed the opinion that opium was of greater value than was generally believed. Sulfonal is undoubtedly a powerful hypnotic, but that effect is accompanied by a marked paralyzing action. Morphia is less useful than opium, and hyoscine requires careful watching. The alkaloidal group is much more useful in private than in hospital practice; a decrease in their use would lead to the development of other means of combating insomnia.

An interesting discussion followed the presentation by Drs. Macpherson and Stansfield of papers on the "Hospital Treatment of the Insane in Asylums." Dr. Macpherson gave an account of the development of the movement for the erection of separate hospitals in the Morningside Asylum. The model plans of the General Board of Lunacy of Scotland, drawn in 1880, showed an asylum for 1,000 patients, divided into two sections; the smaller section, called the hospital, was for the accommodation of recent acute, infirm, and physically sick cases of insanity, and those requiring special supervision, with accommodation for the remaining two-thirds, for quiet,

chronic, and industrious patients. Thirteen of the public asylums in Scotland had adopted the idea. Its advantages were: (1) the inclusion of the acute cases under one head and nursing staff, with those suffering from bodily ailments, was of advantage to the recent cases, as an acknowledgment of the common origin of the diseases, and the recent cases had the advantage of careful nursing; (2) clinical study was facilitated; (3) the removal to the hospital of recurrent cases simplified administration; (4) advantage to the chronic quiet cases of separation from the acute cases; (5) no invidious comparison between curable and incurable cases.

Dr. Stanfield's contribution referred more pointedly to the demands of acute cases for active hospital treatment. He advocated the establishment of well-equipped hospitals for the detention and treatment of recent cases for short periods, from which the chronic cases and those requiring prolonged treatment would be sent to the asylums. It is of interest, in this connection, to refer to a report on American asylums, recently submitted by Dr. Stansfield, to the London County Councils, which was regarded by that body as of sufficient importance to justify separate publication. Dr. Stansfield visited a number of the institutions of the United States, among them the hospitals at Waverley, Ogdensburg, Utica, Toledo, Buffalo, and Kankakee, and on his return presented descriptions of these institutions, together with recommendation that the great demands of the recent cases for active and scientific treatment be met by the construction of hospital blocks in connection with existing asylums. It is evident that the tendency of thought upon the subject is in the same direction, both in England and in the United States, and that the alienists of both countries are working toward the same object.

The papers were discussed by Dr. Mickle, Dr. Rayner, Dr. Yellowlees, Dr. Macphail, Dr. G. M. Robertson, Dr. Urquhart, Dr. Clarke, Dr. Turnbull, and others. J. M. M.

Charcot's Joint Disease in General Paralysis.—In the *Charité Annalen* for 1895 Dr. Westphal records the case of a woman aged thirty-eight years, whose husband had suffered from tabes dorsalis, and who herself had had symptoms of commencing general paralysis for a year. Examination revealed the usual signs and symptoms, but in addition there was arthropathy of the right foot, and apparently also atrophy of the jaw and dropping out of the teeth. The left knee-jerk was active, but the right could not be obtained. The further progress of the case was marked by diminution of the left knee-jerk and by the evidences of an affection of the left foot similar to that occurring in the right, as well as by the development in the left big toe of a deep perforating ulcer. The case illustrates the close similarity between the physical conditions in some cases of general paralysis and of tabes dorsalis.—*The Lancet*, August 15, 1896.

The Cairo Lunatic Asylum.—*The Lancet* (August 22, 1896) publishes an abstract from the first report of Dr. John Warnock, the newly appointed superintendent, which, among other interesting details, includes the following: In the course of the year (1895) 526 patients were admitted, upward

of half of them coming from Cairo, and the remainder nearly all from the larger towns, the rural districts supplying merely a fractional quota. According to the census of 1882 there are only seven certified lunatics in Egypt per 100,000 of population, the proportion in England being 310 per 100,000. Dr. Warnock is of the opinion that "only a small proportion of the insane in Egypt are ever sent to hospital," and adds, "evidently female lunatics are usually kept at home, even in the larger towns," but he also admits that "it is at present quite impossible to even approximately gauge the extent to which lunacy prevails in the country generally." No doubt harmless lunatics are in some instances kept in their homes, but Egypt is now constantly traversed by English sanitary inspectors, to say nothing of police, irrigation, and preventive officers, and it is difficult to understand how the more violent cases could be systematically kept in concealment. The general health of the inmates is not good. "Intestinal parasites affect nearly every patient, anchylostomas, ascarides, and tapeworms being found at nearly every autopsy. Bilharzia also is very common." Melancholia is extremely rare among natives of Egypt. Five per cent of the admissions were due to this form of insanity, but nearly all the sufferers were foreigners. The alcoholic insanities are seldom seen, and suicidal tendencies are well-nigh unknown. General paralysis of the insane also is not common, the admission rate for the year having been under 3 per cent. In connection with the latter affection Dr. Warnock makes the following remarks: "The idea that sexual excess and syphilis are important agents in the causation of general paralysis is not strengthened by these observations, since both these causes have free play in Egypt and yet apparently little general paralysis results. The Egyptians are usually easy-going and are not subjected to overwork or strains, nor are they often addicted to alcohol. I think it is these factors which are wanting for the causation of general paralysis. Possibly as Egyptians become more civilized and their life more complex general paralysis will become more frequent."

Lumbar Puncture and Optic Neuritis.—In the twentieth volume of the *Charité Annalen* Professor Burchardt contributes an interesting and important article on this subject. He first alludes to the difficulty that usually exists in distinguishing between a true inflammation of the optic disc and the so-called choked disc, and he is inclined to attach, for purposes of differential diagnosis, considerable importance to the relative breadth of the arteries and veins of the fundus. He further describes two cases, in one of which vision was reduced to a minimum, while in the other it was quite absent. He divided the optic nerve sheath in one eye of each patient in order to reduce tension, but in neither case was the operation followed by any success. In a third case, however, in which there was blindness of both eyes, in consequence of severe anæmia, he carried out puncture in the lumbar region in the manner recommended by Quincke, and, although no improvement in vision resulted, it is interesting to note that there were marked subsidence of the venous engorgement and complete disappearance of the half-millimeter of swelling which had been present. It is hardly to be expected that in any case of optic neuritis, in which the function of the

optic nerve has been interfered with to such a degree as to cause complete blindness, any operative measure will lead to a restoration of vision; but the fact that in such a case as this the swelling had subsided after such a procedure as puncture of the dural sac in the lumbar region of the cord, may indicate that cases in which the neuritis has not proceeded to destruction, may be favorably influenced by similar procedures.—*The Lancet*, July 25, 1896.

THE THYROID TREATMENT OF MYXŒDEMA AND CRETINISM.—The *Edinburgh Hospital Reports* contains observations by Dr. Byrom Bramwell on twenty-three cases. After trial of all forms of administration, subcutaneous injection, the raw gland, the fluid extract, and the dried extract, Dr. Bramwell prefers the latter, and confirms the statement of others that its activity does not appear to be impaired by keeping. "In most cases of myxœdema unpleasant symptoms and acute thyroidism are apt to be produced if the dose exceeds four tabloids daily (quarter of sheep's gland), but in several cases of psoriasis and ichthyosis I have given twenty, thirty, forty, and in one case even seventy-four tabloids per diem." This difference in susceptibility, we believe, has not been hitherto emphasized. In several cases there was an increase of mucus and uric acid in the urine when treatment was commenced. Dr. Bramwell calls attention to the great differences in susceptibility met with in different people, and urges the necessity of caution and of giving small doses at the commencement of treatment. The danger of syncope is mentioned. Death has occurred from this cause in a case in which the myxœdema was rapidly subsiding, and it is recommended that when the thyroid extract is very rapid in its effects cardiac tonics and stimulants should be given at the same time. J. M. M.

HASHISH AND INSANITY.—In a recently issued report of the Cairo Lunatic Asylum, Dr. John Warnock mentions several interesting matters in connection with hashish. During the last half of 1895 there were 253 admissions to the asylum, 181 males and 72 females; of these, 3 females and 68 males were reputed to be hashish smokers. It is an undeniable fact that the habit is common all over Egypt. During an hour's stroll in Cairo the visitor can see half a dozen or more shops where hashish forms the chief stock in trade. For a small coin anyone can procure a whiff. Dr. Warnock has had to examine a number of so-called hashish cases and has come to the following conclusion, which, however, will "doubtless require to be modified when a larger number of cases have been observed." In quite a considerable number of cases admitted to the asylum hashish is the chief, if not the only, cause of the mental disease; but at present this species of insanity can not be diagnosed by its clinical characters alone. The usual types of hashish insanity met with in Cairo may be described as follows: (*a*) Hashish intoxication; an elated, reckless state, in which optical hallucinations and delusions that devils possess the subject frequently exist. Sometimes the condition amounts to a delirium, which is usually milder, more manageable, and less aggressive than that of alcohol, and exhibits none of the ataxic phenomena of the latter. Recovery takes place in a day or two, or less, and the patient usually recognizes the cause of his excitement.

(*b*) Acute mania. In this type terrifying hallucinations, fear of neighbors, outrageous conduct, continual restlessness and talking, sleeplessness, exhaustion, marked incoherence, and complete absorption in insane ideas are the prominent symptoms. Such cases last some months, and do not always recover. (*c*) Weak-mindedness, with acute outbreaks after each fresh indulgence. These cases are very numerous. While inmates of the asylum such patients are usually quiet and well-behaved, and only betray the impaired state of their brains by being over-talkative, easily pleased, lazy, excitable on trivial provocation, unconcerned about the future, and quite willing to remain in hospital for an indefinite period. They exhibit no interest in their relations, and only ask for food and cigarettes. When discharged these cases soon return in a worse condition, approaching those described under (*b*). They rush about in objectless fashion, pouring forth torrents of abuse on everyone they come in contact with, and are unable to obtain any sleep. At one moment they will strenuously deny that they ever smoke hashish and the next will be loud in praise of its wonderful effects. Besides the cases coming within these types there are many others of chronic mania, mania of persecution, and chronic dementia, which are said to be owing to hashish. The relation between the drug and insanity has yet to be determined, notwithstanding the labors of the Indian Hemp Drug Commission, whose conclusions may be summed up as follows: The moderate use of Indian hemp has no physical, mental, or moral ill effects whatever. Its excessive use injures the physical constitution and may cause dysentery and bronchitis; it tends to weaken the mind and may cause insanity; sometimes it induces mental depravity and poverty, but rarely crime. The injury caused by excessive use is confined almost exclusively to the consumer, and scarcely affects society.—*The Lancet*, August 22, 1896.

Degenerative Changes in the Brains of the Non-Insane.—Dr. Robert Hutchinson, *Edinburgh Hospital Reports*, IV, 1896, 397–406, discusses the question as to what are the normal findings in the cortical cells of the human brain. By "normal," he means the average, not the ideal, conditions. He takes for granted that few cases show perfectly healthy organs and criticises the alienist for assuming that the abnormalities found in the brains of those dying insane are necessarily at all connected with or dependent upon their mental disorder.

In order to get an idea of the appearance of the average cortical cell in the sane, he examined fifty cases, using Bevan-Lewis' fresh method, taking, in each case, a part of the convolutions of the left motor area, usually the ascending frontal. The cases were taken as they came, without any special anamnesis except as to the latest illness, its general character, etc.

The most striking fact derived from the examination was the frequency of abnormal conditions; their absence was the exception. The most frequent of the pathological lesion was pigmentary degeneration, which was clearly excessive in nearly one-half of the cases examined, allowing fully for the normal increase with age. Every degree of this condition was met with, from merely a slight increase to complete destruction and replacement of the cell by pigment granules. It is difficult, he says, when discussing these

appearances, to accept the statement that they are "invariably a witness to bygone functional hyperæmia."

If it is difficult to define exactly excess of pigment, it is still more so, according to Dr. Hutchinson, to mark the limits of normal and abnormal granularity of the cell. In some cases he thinks he has been able to associate a granular condition of the cells and loss of their processes with a general œdema of the brain, but widespread granular degeneration was not often met with. Vacuolation of brain cells, he thinks, is sometimes mistakenly diagnosed from the faint staining of the nucleoli by Bevan-Lewis' method, causing them to assume almost exactly the appearance of vacuolae. He has, however, not infrequently seen true vacuolation, but is unable to associate it with any definite disease.

Changes in the neuroglia seem less frequent in the sane than in the insane, and in no case did he find anything similar to the condition observed in paresis.

In order to control these investigations, Dr. Hutchinson made similar examinations of the brains of fifty insane patients, prepared in the same way, and taken in sequence as they died, without selection. He is bound to say, he states, that in these he could find no greater intensity or frequency of pathological changes than in the other series, always excepting the cases of paresis. It would be of interest to know the proportion, if any among these of old demented cases and organic dementia, but this is not stated.

In discussing these results the author takes up the possible causes of the changes observed. The method may be somewhat in fault, but this would be inadequate to explain all the facts, especially the pigmentation, he claims. That they are all post mortem is also improbable, and he has found no difference between sections taken early or late (three or four days), when the brain was properly cared for and preserved. There is, of course, a possibility that the post mortem changes occur at once after death, and then cease, but this could not very well be tested in man. The possibility, also, of their being due to the fatal illness is thinkable, but is also undemonstrable.

The most natural explanation, according to the author, is to regard the cell changes as secondary to disease elsewhere, and this, he holds, is quite in accordance with the teachings of general pathology. If, indeed, there is any organ in which such secondary changes should be looked for from systemic circulatory disturbances, etc., it is the brain with its richness of blood supply. The only disorder, however, with which he is able to especially correlate such changes in the brain cells is chronic renal disease, and he calls attention to the fact that Bristowe has pointed out the analogy of the changes in the cerebral vessels in chronic Bright's disease with those that occur in paresis. It is also worthy of note in this connection, he says, that chronic nephritis is unusually common in the insane. It is easy to conceive that even a slight œdema of the brain might so affect the nutrition of the brain as to bring on a cell degeneration.

Dr. Hutchinson admits that his criticisms apply to only one method, and hat possibly not the best. It is, therefore, only suggestive of greater care,

fulness in estimating the value of microscopic findings, and greater attention to the comparison with and study of those met with in the non-insane. It is not, of course, in any way conclusive against the later and more accurate methods of study of the pathological histology of the cerebral cortex.

THE INFLUENCE OF THE SENSIBILITY OF THE STOMACH ON NUTRITION. —Sollier, *Rev. de Med.*, XV, No. 1, in an experimental study on this subject, finds that there is a direct special sensibility of the stomach, independent of its reflex sensibility, and its chief function is to bring to consciousness the needs of the system by hunger. The lack of this sensibility is the earliest sign of every functional or organic disorder of the gastric mucous membrane. In order to prove the influence of this factor on the activity of the organ, he refers to cases of hysterical anæmia, with total loss of the hunger feeling, and who exhibit a most striking disproportion between the amount of food taken and nutrition — they emaciate in spite of abundant feeding.

ECCHYMOSIS FOLLOWING INSANE EXCITEMENT. — Dr. W. R. Dawson, in the Transactions of the Royal Academy of Medicine of Ireland, XIII, 1895, pp. 58–69, publishes the account of a female melancholiac, subject to fits of a hysterical character, in whom, four years after the onset of the disease, every attack was followed by hemorrhages into the deeper layers of the skin in all parts of the body except the face, appearing suddenly and showing a slightly symmetrical tendency. These, while non-traumatic themselves, were aggravated by traumatic injury elsewhere to the blood-vessels.

In accounting for the phenomenon, Dr. Dawson invokes a congestive tendency due to a lowered vitality of the vascular walls, incident to the marked degenerative condition of the patient in the chronic stage of her disorder.

The only other similar cases which he finds in the literature is one of Dr. Savage (*Journal Mental Science*, January, 1886), in which a purpuric eruption of the thighs followed an injury to the elbow in a general paretic, and possibly one of Kleppel, of symmetrical facial ecchymosis in an old female dement. A similar phenomenon was observed by Dr. H. M. Bannister, and reported in this journal October, 1889, in which there was a rather general ecchymosis at the time of death in a paretic, who died in a state of acute delirium. There were no such general traumatisms in this case as to account for the very extensive discolorations.

APHASIA.— Miraille, *These de Paris*, 1896 (Abstr. in *Gaz. Hebd.*, May 31st). The memoir of M. Miraille is a careful study of sensory as compared with other types of aphasia. Sixty-two cases, many of them heretofore unpublished, form its text. The principal aim of the author is to prove, as previously in publications made in collaboration with M. Dejerine, that agraphia, which often complicates aphasia, is not localized in a special center, as others claim, and that neither clinical observation nor pathological anatomy demonstrates a center for graphic images.

The paper gives the main points in regard to aphasia, and the distinction of its various forms. Together with Broca's aphasia, there exists a sensory form, the sensorial aphasia of Wernicke, of which the verbal blindness and

deafness of Küssmaul are only varieties. The centers of language images (visual, auditory, and motor) are grouped in the convolutions inclosed by the fissure of Sylvius, forming the language zone. Every lesion of this region affects internal speech (Dejerine), and in consequence manifest or latent lesions of all the forms of language (speech, hearing, reading, writing), with troubles predominating in the functions of images directly destroyed. Agraphia is always present. These are the true aphasias. The pure aphasias (sub-cortical, motor aphasia, pure verbal blindness and deafness of Dejerine) are located outside of the language zone, and leave the internal language intact. They never cause agraphia, and affect only one phase of speech, constituting a group apart from the true aphasia. Nothing authorizes the admission of a motor center for graphic images, and a pure agraphia remains yet to be demonstrated.

THE BACTERIOLOGY OF GENERAL PARESIS.—What appears to be an important research is reported on by Dr. F. Piccinino in the last issue of the *Annali di Nevrologia* (XIV Fasc. 1–2). When, in 1892, Professor Bianchi undertook a series of bacteriological investigations on the febrile psychoses, some of the results of which have been published and abstracts given in this journal, the blood in various stages of paresis was tested by culture and inoculation experiments without discovery of more than the ordinary bacteria of inflammation. These negative results led the author to undertake a series of examinations of the cortex in five paretics, three men and two women, some of them with certain or suspected syphilitic antecedents, and one or two in which these seemed to be excluded. The patients were all clinically observed during life and the diagnosis clear.

The portions of the cortex examined were taken with antiseptic precautions through openings made with a trephine before the general autopsy or the removal of the calvarium, thus insuring as far as possible against foreign contamination. Some of the pieces removed were used for culture experiments (gelatine and glycerine agar., 15 per cent gelatine, and peptonized broth), but the results were the same as in the cultures with blood aspirated antiseptically from living patients in the former investigation.

Other specimens were hardened in absolute alcohol and then inclosed in paraffine, and sections prepared according to various staining methods usually employed (aniline, gentian violet, Loeffler's methyline-blue, fuchsine in aqueous solution, Gabbett's freezing method, those of Ehrlich and Koch-Ehrlich), but without result; only the Gram and Weigert method showed some sparse cocci, isolated, or in pairs or groups, which were probably the same as those met with in the culture experiments.

Piccinino next tried with an extensive series of sections a modification of Lustgarten's stain for his supposed syphilis bacillus, which, on account of the importance of the findings, is here re-stated in detail.

The very thin sections were floated in distilled water on to cover glasses, dried with bibulous paper, cleared of paraffine with xylol and then immersed in a rather concentrated solution of gentian violet in aniline water, where they remained for twenty-four hours in a temperature of 37 C., and then for two hours in one of 40 C.

Next the glasses were subjected to a prolonged washing in absolute alcohol, and passed for a half-minute into a solution of permanganate of potassium, 1½ per cent, and afterward plunged into a saturated aqueous solution of sulphurous acid. Remaining in this a few seconds so as to not entirely lose their coloration, and after a prolonged bath in distilled water, they are returned for a few seconds to the permanganate solution. Next the glasses are repeatedly plunged into absolute alcohol, dried by a lamp, and the preparation is finished by mounting with neutral balsam and xylol.

When by this method the decolorization could be arrested at the point of leaving a slightly violaceous tint, Piccinino was able to see clearly and in large numbers a rather large bacillus, twice as long as broad, sometimes isolated, sometimes in twos or threes, often slightly or strongly curved. They appeared in all the tissues, but more especially in the pericellular spaces, their coloration was generally violaceous, never an intense violet, but sufficiently marked in the denser parts. In some visual fields these organisms resembled grouped granules; in others, where more decolorized, they seemed like shining points or a very refrangent bacillus.

Control experiments were made with this method on the cortex of patients dying of other affections, always with a negative result, and no other method revealed the same organisms in the paretics.

These results, if confirmed by other observers, have an important bearing on the syphilitic theory of paresis, and also are suggestive as to the significance of Lustgarten's bacillus, the connection of which with specific disease has not heretofore been considered as fully proven.

THE PATHOLOGY OF EPILEPSY AND OTHER CONVULSIVE DISEASES.—The following is the general summary of an article by Dr. F. W. Langdon, *Journal of Nervous and Mental Disease*, September, in which he discusses the pathology of convulsions in the light of the modern discoveries and theories in the minute anatomy and physiology of the cortex:

"The foregoing considerations, anatomical, physiological, and pathological, would appear to the writer to justify the following propositions as a working hypothesis:

1. "That epilepsy, the choreas, and probably most convulsive disorders, are the dynamical expression of an inhibitory insufficiency; not indications of an over-production of nerve energy, nor explosions due to a 'molecular instability' *per se*.

2. "That the cause of this inhibitory insufficiency is to be sought for in the end brushes of collateral processes of various cortical neurons, the situation varying with the 'type' of the disease, whether sensory, psychic, or motor.

3. "That the defect consists most probably in a *structural incompleteness* (small capacity, defective insulation, imperfect contact), or a *numerical deficiency*, or both, in the collateral processes of the neurons referred to.

4. "Defective collaterals may favor occurrence of convulsions in two ways: (*a*) By impairing connection with other neurons (inhibitory storage). (*b*) By increased 'resistance' to overflow currents, causing temporary overcharging of motor axis cylinders.

"The above conception of the anatomico-dynamic basis of convulsive phenomena I would call the collateral theory.

"From the point of view here taken it is quite obvious that cases of epilepsy would naturally be arranged under three heads, each of which would present important differences as regards prognosis and treatment.

1. "*Primary* or *developmental* type, comprising the 'idiopathic' cases under twenty years of age. In these the younger the subject and better the heredity and environment, the better the prognosis under intelligent treatment, ultimate result depending upon the possibility of promoting further and equable development of 'collateral' communications with inhibitory mechanisms.

2. "The *accidental* forms. Those due to trauma, syphilis, lead, toxines, etc., the prognosis here varying with the longer or shorter duration and the possibility of removal of the cause; being always favorable so long as permanent structural changes in collaterals and inhibitory mechanisms have not occurred.

3. "The *degenerative* type. The rare cases of adult life and old age (not 'accidental') belong to this category.

"Here palliation only is to be expected, as in degenerative changes elsewhere. In all forms the rational indications for treatment are: To lessen the incoming sensory excitation by diet, hygiene, occupation, medicines, and so diminish the intensity of motor responses or other 'discharges,' which are not provided with suitable 'overflow' and 'inhibitory mechanisms.'

"In short, to take off pressure, favor nutrition, and educate those elements that remain undamaged."

BOOK REVIEWS.

Hand-Atlas der Sensiblen und Motorischen Gebiete der Hirn- und Rückenmarksnerven. (Hand-Atlas of the Areas of the Cranial and Spinal Nerves.) Von PROF. DR. C. HASSE. Wiesbaden: J. F. Bergmann. 1895.

This atlas is entirely without text, the letter-press having been summoned only for the references to the various colors employed in the plates. The author's intention has been to indicate the sensory and motor nerve supply of all regions by the clear outlines and contrasts of bright colors, thus transferring the responsibility for the book, in great measure, to the printer. The mechanical execution is excellent, and the observer is enabled at a glance to determine the distribution of the nerve trunks or their branches and the points of entrance of the nerves into the muscles and skin. The atlas will be useful and of great assistance during the examination of a patient for individualized nerve lesions. J. M. M.

Psychiatrie: Ein Lehrbuch für Studirende und Aerzte. Von DR. EMIL KRAEPELIN, Professor in Heidelberg. Fünfte vollständig umgearbeitete Auflage. Mit 10 Lichtdrucktafeln, 13 Curven und 13 Schriftproben. Leipzig: Verlag von J. A. Barth, 1896. Price, $5.

Those who have watched the development of the Text-Book of Kraepelin from the first to the fourth edition, will not be surprised to find the work full of new conceptions and wholly recast in its fifth edition. Kraepelin has shown himself capable of growing steadily without being hampered by a system once laid down in a book; he has gradually developed, in a characteristic direction, a largely clinical way of looking at psychiatry. This is all the more remarkable as Kraepelin is the foremost psychological worker among the alienists of to-day. While he would probably be best fitted to base his psychiatry on modern psychology, he abandons merely psychological principles more than ever in favor of a strictly clinical plan. The general part of the fifth edition, notwithstanding its numerous minor changes, has not been modified as deeply as the clinical part, which marks a complete revolution of the views generally held.

The recent German text-books on mental diseases have not been the favorites of many American and English alienists. The dogmatic and artificial division of psychoses of the emotional sphere and of the intellectual sphere did not appeal to our observers. It is the merit of Ziehen to have carried psychological formalism to an extreme in his "Psychiatry," so far, indeed, that a vigorous reaction seems to follow. Ziehen has tried to build his outline of psychology out of the few elements of the English psychology of association—perception, memory, idea, tone of feeling, association of ideas, and action—and out of the same elements he has framed a general psychiatry to which the clinical part is carefully adapted. Ziehen's "Psychiatry" shows, most of all the German works, the consequences of a separation of emotional and intellectual psychoses. Whether depression is primary and delusions are secondary, or the intellectual disorder primary; whether hallu-

cinations are primary or the delusions; these are the burning questions in his symptomatology of individual cases. These points make the difference between melancholia, stupor, and mania against the various forms of paranoia. The result is that we find under the head "paranoia" the most contradictory species; the last barrier between "Wahnsinn" and "Verrücktheit" is practically broken down, and between the two there is only the trifling clinical difference that "Wahnsinn" is eminently curable and "Verrücktheit" incurable and chronic — evidently an altogether different disease, notwithstanding a similarity of symptoms. To go on in this "psychological" symptomatology without due reference to broader clinical principles would lead to a sort of Linné classification. This method used by a less competent alienist than Ziehen would have come to disastrous consequences. As it is, Ziehen represents his somewhat unique psychological views in the frame of his well-digested knowledge of psychiatric literature and practice, and the clinician proves to be less consistent than the psychologist. The lack of intrinsic truth of a "psychological psychiatry" seems to have given Kraepelin a strong stimulus to lay the weight of systematic classification on the side of purely clinical principles. General paralysis, a disease which we know rather thoroughly from an etiological, symptomatological, and anatomical standpoint, should teach us an important lesson. The enormous differences in the mental condition with regard to delusions, to depression and exaltation, are so striking that one can hardly keep up the belief that depression, or exaltation, or stupor, or essentially intellectual disorders (delusions) or hallucinations, are characteristic features of so many special forms of insanity. For this reason Kraepelin does not lay so much weight on the peculiar grouping of mental symptoms unless there be other clinical reasons for doing so.

An interesting anamnestic method of following the patients for years after their discharge from the clinique has deeply influenced Kraepelin. He found that the subsequent history is of the greatest value for the understanding of a clinical picture, because certain constant relations can be ascertained between features of the active psychoses and their outcome or residual, and he claims that typical differences can be recognized throughout between the cases which terminate with mental defects and those which terminate without mental deterioration. The most fundamental step of the new edition is therefore the emphatic plea for a group of "Verblödungs processe," of processes of mental deterioration, as distinct from the psychoses of exhaustion and intoxication, the psychoses of the age of involution and especially the constitutional psychoses. The secondary or terminal dementia of the writers is not an end-stage of "mania," or "melancholia," or other psychoses, but of special psychoses which he calls Verblödungsprocesse, and which form real clinical entities, and it is even possible to make a satisfactory conclusion from the terminal condition as to what form of the "process of deterioration" the patient suffered from at the onset.

Several assertions of Kraepelin appear decidedly dogmatic at first sight, on account of the didactic character of the book. Nothing but a long array of conscientiously collected facts can make them convincing. Facts are carefully given, but somewhat scattered as illustrations

and details in a system which is offered as completed as far as it goes. The strength and the weakness of Kraepelin's book lie in this point. It portrays the author's whole experience conscientiously, but does not enter upon a critical review of contradictory views of other writers; thus, he would do his work and his readers a great favor if he should give his material the benefit of monographic publication. In the meanwhile the conscientious critic must refrain from comparisons unless he have as many or more records of patients collected with the principles in view which Kraepelin has brought forth for the first time.

We must limit our review to the following short outline:

The chief division of mental diseases into the groups of acquired psychoses and psychoses on a morbid constitution corresponds somewhat to the groups of exogenous and endogenous diseases of Moebius. We find, first, the psychoses of exhaustion, being characterized by weakness or paralysis of function largely (insufficient repair), while intoxications cause, at first at least, symptoms of irritation and alteration of function.

Among the psychoses of exhaustion, Kraepelin treats of the delirium of collapse and of amentia (confusion with profound disorder of apperception); and as chronic nervous exhaustion he introduces those cases of neurasthenia for which the term "nervous prostration" might be properly used, the acquired, non-constitutional neurasthenia. It might be difficult to exclude the factor of auto-intoxication or intoxication in the psychoses of exhaustion, as it seems doubtful that mere fatigue should produce a delirium or an amentia; we had better accept the fatigue as the principal predisposing factor and the supposed intoxication as a necessary help.

The most characteristic portion of the new edition is the third group which K. introduces as Stoffwechselerkrankungen (diseases of metabolism). He classifies together: Myxœdema, cretinism, the processes of mental deterioration (dementia præcox, including hebephrenia and katatonia), and paretic dementia. Logically this group is not essentially separated from the "intoxications" following acute infectious diseases and chronic exhaustion; only its forms owe their existence to poisons which are not introduced into the body as such, but originate there in a specific way. The prototypes are myxœdema and cretinism; general paralysis is put on the same line, practically, as a disease of a functional mechanism in the organism which has suffered by syphilis or in a small percentage of cases by other causes, and whose disorder causes progressive paralytic dementia just as diseases of the thyroid gland causes myxœdema and cretinism. The classification of dementia præcox, hebephrenia, katatonia—i. e., of all those acute psychoses which terminate in secondary dementia — in connection with this group is rather hypothetical. It will be necessary, first, to demonstrate that they belong together and are not frequently pernicious forms of intoxication (post-febrile, post-typhoid) or of other acute psychoses—this is the easier one of the two problems. Second, it remains to be shown in how much the expression "disease of metabolism" can find a place in pathology with so little substantial evidence. We might apply the same to the transitory episodes of periodic insanity and epilepsy; in fact to every disease. K. makes the domain of dementia præcox and of katatonia much broader than most

alienists would do, and even if the "disease of metabolism" is purely hypothetically offered, he deserves much credit for trying to give our diagnoses a truly clinical prognostic value. To judge from what I had occasion to see in the clinic of Kraepelin, the difficulties seem to be much smaller than one would expect. By keeping the various forms of "Verblödungsprocesse" apart from other acute psychoses, we see that many *peculiar* forms of "mania" and "melancholia" and many poorly defined cases enter naturally into this group. The fact that certain cases of katatonia do not at once go over into "terminal dementia," demonstrates that remissions are more frequent than the description of other authors would suggest. These remissions may be rather long, but they are not quite complete, and end with the final attack, which leaves a typical form of dementia. A careful study of these chapters of Kraepelin's book will show that the processes of mental deterioration include many cases for which the ordinary text-book have practically no place.

Insanity from coarse organic disease of the brain is the subject of the next chapter (gliosis of Fürstner, diffuse sclerosis, lues hereditaria tarda of Homén, arterio-sclerotic degeneration, multiple sclerosis, tumors, etc.), which does not differ from the ordinary view. The next group, however, is peculiar to Kraepelin, and includes melancholia and senile dementia as the psychoses of the age of involution. Melancholia, when appearing in younger people, is merely a phase of periodic or circular insanity; as a disease *sui generis*, it appears only in the pre-senile period. The complete separation of senile dementia from general paralysis, its faithful "organic" companion in most classifications, is well founded in the experience that processes of involution are its only basis, while general paralysis has anatomical lesions different from the type of mere involution.

The second chief group of psychoses, the constitutional insanities, is taken in a broader way than by most other writers. Kraepelin divides them into those forms which are characterized by their periodicity and relative curability of the individual attack; next, the group of paranoia, a chronic progressive change of the entire psychical personality; further, the general neuroses, epilepsy, and hysteria; the psychopathic conditions, as constitutional neurasthenia, insanity of imperative concepts, impulsive insanity, and sexual perversion. Imbecility and idiocy close the series.

The most striking departure in this group is undoubtedly the emphatic statement that a cured attack of "mania," or of "melancholia," or of "stupor," is not considered to be a psychosis *per se*, but merely a phase of periodical or circular insanity. While Kraepelin recognizes a melancholia of the age of involution, earlier attacks and all attacks of mania belong to a constitutional disorder, periodical or circular insanity, just as a convulsion of epilepsy or equivalents of epilepsy are temporary expressions of a lasting condition. The attacks are not independent "diseases," but occasional symptoms of a lasting condition, out of which the pronounced episodes grow frequently without an external cause, while sometimes the patient shows, even during the "healthy" intervals, a tendency to certain morbid peculiarities. Between the 15-25th and the 45-55th year the attacks are most frequent. Single attacks of mania become very rare when the subsequent

history of the patients is watched well enough. Periodic or recurrent mania is familiar enough. The term circular insanity is, however, used by Kraepelin not only for the typical cycles of mania, melancholia, and stupor, but for all the cases of periodical insanity in whom a phase of depression or stupor takes once or oftener the place of attacks of mania. It is the largest group of periodical psychoses, all the more so since most cases of mania show short or long phases of depression or stupor, and Kraepelin is inclined to consider this as sufficiently characteristic. There is another great merit in this view, namely, the recognition of the fact that mania, or melancholia, or stupor, are not in themselves distinct diseases of the vasomotor apparatus, but that the line between the "anæmia" and the "hyperæmia" is not essential. Meynert himself admitted this when he assimilated melancholia agitata to the maniac psychoses. Therefore, Kraepelin sees the chief point in the constitutional disorder, and attributes only secondary importance to the various forms of outbreaks.

It is impossible to offer in a review the arguments for the new and revolutionary conceptions. To speak of a new classification only would be unjust. K. has really made changes in the very foundations of psychiatric teachings. The book has grown out of the careful observations of his clinic, and shows throughout a strong individuality. A translation, desirable as it will be, becomes exceedingly difficult, on account of the provincial character of many of the utterances of the patients quoted, as these form the groundwork of much of the clinical descriptions.

A few words may be said of the general part of the work. Kraepelin treats first the etiology of insanity (pp. 12-93); then the symptomatology (disorders of perception, intellect, emotions, and will and action, pp. 94-204). Course, duration, and results of psychoses, the general diagnosis, and the treatment fill pp. 205-310. The clinical part comprehends pp. 311-814.

The plates of groups of patients and of micro-photographs of cell changes in general paralysis are, on the whole, well chosen, but the execution is not very excellent. Numerous charts give a good idea of the condition of weights, and twelve facsimiles of writings are inserted.

The aim of clinical psychiatry must be the study of the development of specific psychical and somatic events out of specific conditions. The accumulation of nomenclature, of names and descriptions of phases of insanity, are merely preparatory studies of symptomatology; and even Kraepelin's attempt at giving groups with specific basis, specific course, and specific termination is in many respects a problem, not a solution of the difficulty. As long as chemistry can not furnish more accurate data and methods, the theory of intoxication and auto-intoxication so often resorted to by Kraepelin will be a *terminus technicus* for our ignorance. It may be, though, that clinical methods will reach safe conclusions before the strict proof is furnished by chemical and experimental pathology, just as the micro-organisms were recognized to exist before the culture methods existed, even before the pathogenetic organisms were seen. This consideration should keep us from yielding to a sterile negativism, and fill us with a sound enthusiasm for clinical studies. In this line, psychiatry is deeply indebted to Kraepelin.

A. MEYER.

A Treatise on the Nervous Diseases of Children. By B. SACHS, M. D. New York, 1895.

To interrogate motives is not often safe and it is never generous. Yet in the presence of many of the immature and deformed products of the medical womb of to-day we think of the authors and murmur to ourselves:

"One point must still be greatly dark,
The moving why they do it;
And just as lamely can ye mark
How far perhaps they rue it."

The treatise of Dr. Sachs', a volume of six hundred and sixty-odd pages, does not fall into this class of dubious deliveries. We are not inclined to question the author's motives nor his animus toward his own product. It seems to be the spontaneous fruit of a rich experience and knowledge warmed by a wholesome desire to place others in the position of the author. However this may be, the work is destined to accomplish a great good in making more general a clear conception of the intricacies of neuropathology, an exact knowledge of correct diagnostic methods and a broad comprehension of rational therapeutics in the nervous affections of children. It is eminently scientific, and yet admirably adapted to the needs of a busy practitioner.

The author has succeeded in giving his readers the latest and best that is known about his subjects without becoming involved in a fruitless discussion of mooted points. True, in many instances he simply states his opinion without attempting to prove it correct—a method of writing that does not always satisfy the reader—but it is equally true that the opinion of a man qualified by knowledge, experience, and good judgment is ordinarily of greater value than an array of statistics or merely clever argument without detailed evidence.

The work belongs to the department of neurology rather than to that of pædiatrics, and this is as it should be, for here lay the need of medical literature. It is no serious objection to the book that the author at times wanders into the domain of adult life (for instance, he gives a rather full description of Huntington's chorea, which does not affect children) and not infrequently leaves the reader in doubt whether he is treating of the disease under consideration as affecting children or adults.

We heartily approve of the author's way of giving bibliography. Instead of a great number of indiscriminate references to good, bad, and indifferent contributions, he gives at the close of each chapter a list of the most important and most recent articles on the subject; a list that is amply sufficient for one who may wish to go further into the literature.

In essaying to make a running commentary on the book we are confronted by an embarrassment of riches and but few sins of omission—fewer of commission. The following professes to be in nowise a critical review or judicial estimate of the work, but simply a collection of disconnected paragraphs suggested by a reasonably careful reading.

The first chapter, on "Methods of Examination," should belong to the stock in trade of every practitioner; at least the text of it should. The tables giving the function, innervation, and nuclear representation of the different muscles, with the symptoms of deficient action and the diseases in which

they are severally implicated, are complete, accurate, well-condensed, and valuable for ready reference, but scarcely to be carried in the memory except by those constantly engaged in special work.

Regarding the etiology of infantile convulsions the author says: "The influence of gastro-intestinal irritation is well illustrated by the convulsions occurring in the course of an acute or chronic intestinal catarrh, in the ordinary summer diarrhœa of young children, or with the exhausting chronic diarrhœa in older children." We submit that this is taking a too narrow view of the subject. It is neglecting the more important elements of infection, exhaustion, and circulatory disturbances inseparable from such diseases of the gastro-intestinal tract.

The intimate relation existing between infantile convulsions and laryngismus stridulus is very properly emphasized, and also the frequent association of either or both with rickets, but the cause of the convulsive conditions is scarcely covered by "the hyperæmic condition of the brain in rickets," which is "of a piece with the hyperæmic condition of other structures." A practical point for the practitioner is that "convulsions occurring at the onset of acute diseases are much more apt to pass off without leaving a trace behind them than are those convulsions which occur during the further course of the disease."

We commend the following to those who are not in the habit of making a critical examination of every patient with epilepsy: "Cases of hereditary (idiopathic) epilepsy are not nearly so frequent as they are supposed to be. If we examine carefully into the early history of our cases we shall find frequently that the child has either sustained some traumatic injury to the brain or has acquired some cerebral lesion early in life. The paralysis and other symptoms which were due to the same lesion may have disappeared, but the epilepsy remains." "Partial epilepsy may at any stage of the disease and at any stage of an attack become general, so that, after the lapse of time, the convulsions due to organic disease of the brain can in nowise be distinguished from those which are presumably hereditary and idiopathic."

The tables giving the differential diagnosis between epileptic attacks, fainting spells, and hysterical paroxysms are neither very complete nor very accurate. Indeed we think it is scarcely practicable to tabulate the diagnostic contrasts in this instance.

Trephining in epilepsy is condemned, but we might add that, in a more recent contribution, Dr. Sachs has somewhat modified his position in this matter, and would now operate in a few selected cases.

"True hysteria is a relatively rare condition in adults." "If hysteria is a rare disease in the adult, it is still rarer in the child." After making the foregoing statements, the author proceeds to write one of the best chapters in the book; a chapter revealing a large experience with this disease, not only in adults, but also in children. Among other things, he calls attention to what has been insisted upon by the reviewer—that hysteria often complicates organic disease. The two following quotations we would like to mark with a double star, after the manner of the foreign guide-books, to designate something that is particularly worth seeing: "The first and most important principle of treatment, therefore, is the absolute separation

of the child from the family. It is a great pity that this is so rarely urged by the physician, and still more rarely permitted by the parents. Only the more intelligent parents can be made to understand that an utter stranger, if properly qualified, may train a child far better than its own mother can." "There is nothing more disgusting than the habit, so freely practiced by many physicians, of giving valerian, or asafœtida, or morphine, to children or adults, whenever they present symptoms which smack of hysteria." The book abounds in terse statements like this one concerning the diagnosis of hysterical paralysis: "If the physician is aware that flaccid paralysis of a single group of muscles, or of one or more extremities, is generally associated with changes in the electric reactions, and with loss of reflexes in case these symptoms are due to organic disease, and if he is aware, furthermore, that spastic forms of paralysis are associated with increased reflexes, with normal electric reactions, and with normal sensations, he will have little or no difficulty in arriving at a correct diagnosis."

The author is skeptical as to the rheumatic origin of chorea, and thinks "that accidental coincidence plays a very much greater rôle than many are willing to concede." The following opinion we believe to be in harmony with the conclusions of all neurologists. A notable exception has not come to our notice: "There has been much talk about reflex chorea, as about the reflex origin of many other neuroses, but he who sees with only half an eye will soon convince himself that these reflex theories are but a poor makeshift. Of all the cases of chorea that I have seen, I have found but very few that I could consider due to any peripheral exciting cause. I have convinced myself that in a few cases the presence of intestinal parasites was the cause of a transitory chorea, which disappeared as soon as the parasites were removed; but I am not convinced that nasal or ocular trouble, of which so much has been made of late, ever leads to true chorea. If these troubles prove an inconvenience to the child, some choreiform habits may for a time be established, but in such cases the cardinal symptoms of St. Vitus' dance are wanting." He very properly looks askance at all theories as to the pathology of the disease, saying, "the accurate pathology and morbid anatomy of chorea are still unknown." We can not agree with the author in his opinion that mental disturbance is of infrequent occurrence in chorea. The psychoses are certainly rare, but slighter mental troubles—change of disposition, increased irritability, sensitiveness, and the like—are present in the majority of cases, and, when the movements are slight, may even be of diagnostic significance.

Regarding treatment, he says: "Milk and rest will do more for most cases of chorea than any other two measures," which statement we can indorse, dogmatic though it be. He is more than doubtful as to the efficacy of arsenic, and makes the rather sweeping assertion that he has "yet to see the first case of chorea that got well more quickly with arsenic than without it, as long as it was getting the benefit of rest." We can not think that this is in accord with the observation of many competent men, though all would agree as to the importance of rest. We are inclined to think that the author's position on the question may be explained by his custom of never giving more than twelve drops of Fowler's solution, the dose varying from that

down to four drops thrice daily. We are fully convinced that Seguin and others are correct in asserting that forty-five to seventy-five or eighty drops daily are often of signal service when small doses are absolutely without effect.

The articles on habit chorea, chorea electrica, and "maladie des tics convulsifs" are timely and merit careful reading, as they are not well-known to the general profession. The author, however, fails to note, or to see, the manifestly close relationship between the first and last of these affections.

A single sentence will give sufficiently well the author's attitude toward a question now agitating the medical mind: "Serious errors of refraction may be the cause of headaches, and of continuous headaches, even though no effort be made to use the eyes; but I have seen headaches persist so frequently after the fitting of glasses by the most competent oculists that I am firmly convinced that eye-strain is the sole cause of headaches in relatively few instances."

Migraine, that stigma of a neurotic heredity, the headache *par excellence* of early adult life, which so frequently begins at the period of adolescence, or even in earliest childhood, is excellently well handled, and the article is commended particularly to the general reader.

The chapter on "Disorders of Sleep" partakes of the general high character of the work. Of especial and practical value are the hints as to training and the general treatment of insomnia in children. In the treatment of enuresis no mention is made of the simple expedient of elevating the foot of the bed. It is sometimes sufficient of itself, and may be combined with any other treatment. Mention of rhus aromatica is also wanting.

Chapter XI contains a succinct account of exophthalmic goitre, thyroid enlargement at the time of puberty, myxœdema, angio-neurotic œdema, Raynaud's disease, and facial hemiatrophy.

Chapter XII, devoted to diseases of the peripheral nerves, adds nothing to the value of the work, as it contains but little not found in any good text-book, but the following one on multiple neuritis is a valuable contribution, as many physicians are still unfamiliar with the disease, and even the best observers seldom think of it as affecting children. The clear but brief statements regarding malarial neuritis should put those on their guard who live in malarial districts, although the affection is rare. It would seem unnecessary to note that "now and then cases come under one's notice of severe forms of polyneuritis, in which the true cause can not be ascertained," but the reviewer has known good physicians to hesitate in the diagnosis of such cases because no adequate cause could be found.

The author makes two statements regarding diphtheritic paralysis that are in harmony with current teaching, but that should now, we believe, be modified. He says that the affection "is relatively more frequent after diphtheria of the adult than after the same disease in earlier life," and that "it bears no absolute relation to the severity of the diphtheritic infection." Goodall's recent and exceptionally trustworthy statistics, based on 1,071 cases of diphtheria, with 125 cases of consequent paralysis, show quite the contrary to be the fact. As this paper appeared in 1895 (*Brain*, p. 282), it probably followed the completion of Dr. Sachs' book.

The chapter on infantile spinal paralysis is a model of its kind, and leaves nothing to be desired. Every page, we would almost say every paragraph, is pregnant with well-digested knowledge. The same may be said of the chapter devoted to cerebral syphilis, more especially of the parts relating to diagnosis and treatment. It can not be too frequently or positively promulgated that the treatment of nervous syphilis must be prompt and vigorous, and include the use of both mercury and iodides.

The chapter on Pott's paralysis is almost equally good, and we have but one criticism to offer. The rational treatment of this affection, as of most other diseases, must rest upon a proper knowledge of its pathology, and this the author does not make very clear as regards two important points. First, that the paraplegia is a pressure paralysis, and the changes in the cord are principally a general disintegration, stasis, and œdema, not an active inflammation, tubercular or otherwise. Second, that the pressure on the cord is from accumulated inflammatory products without the dura, and not from bone, nor from dislocated vertebræ or the kink in the spinal canal. We entirely agree with him that the wisdom of active surgical interference in this disease may still be doubted.

The hereditary or family diseases of the spinal cord have been the subject of a number of investigations during the last few years, and the subject is still in the stage of rapid evolution. We know of no work that contains so satisfactory and concise an exposition of the various forms as the one to be found in Dr. Sachs' book. In the bibliography of progressive muscular atrophy we look in vain for reference to the contributions of Hoffmann on the neurotic or neural form. This is doubtless a mere oversight, as they are, perhaps, the most important in the literature. In this connection, too, some mention should have been made of the hypertrophic neuritis described by Dejerine. It occasions progressive muscular atrophy and is of the family type.

The chapters on the anatomy, physiology, and pathology of the brain and spinal cord contain all the facts necessary for good clinical work, presented with singular clearness. The former contains an exceptionally good description of the blood supply of the brain, but in giving the results of Geigel's original and suggestive work on cerebral circulation our author sacrifices lucidity to brevity to an unwarranted extent.

In connection with the diagnosis of meningitis, spinal puncture is not even mentioned, though Quincke, Lichtheim, Fürbringer, and others have shown it to be of distinct value. This may not be considered an important omission, as the exact status of the operation is still *sub judice*. We notice one omission, also, in the otherwise excellent article on acute encephalitis. Oppenheim, in an important contribution to this subject, has shown that acute focal non-suppurative encephalitis is of rather frequent occurrence, and that, although the symptoms may be alarming, the prognosis is not correspondingly sinister.

Dr. Sachs has made the subject of infantile cerebral palsies peculiarly his own, and, as we should expect, the chapter devoted to this subject contains the results of the careful study of a great number of cases, as well as of an extensive gleaning in the field of literature.

When a neurologist hazards the opinion that iodides and mercury occa-

sionally benefit cases of tumor of the brain, the statement is apt to be received with a quizzical expression of amused incredulity. But whatever the explanation may be we agree with our author (and others) that the clinical fact remains. The moral is obvious. Every case of cerebral neoplasm benefited by specific treatment is not one of gumma, and specific treatment may be employed even when gumma can be safely excluded. The palliative operation for tumor, trephining without any attempt to remove the growth, is passed over in silence, although it is certainly indicated in certain cases. Anything that will, in incurable cases, stop the headache and vomiting, and arrest the progress of choked disk, surely deserves some mention.

We venture to note one other omission, not so important as the last, although it may seem hypercritical to do so. It seems to us that among the affections grouped by the author as "congenital nuclear palsies," should have been included a form of congenital ptosis with associated movements that has been known for a number of years, and was recently well described by Bernhardt, with an additional case and full literature. The patients are unable to open the affected eye, but the lid rises whenever the mouth is opened.

The short appendix, embracing "A Few Therapeutic Suggestions," is a worthy ending of a worthy book. The suggestions are short, to the point, and based not on theory, but on the rich experience of a practical observer, student, and thinker.

Here and there throughout the work are some slight signs of careless composition and hurried proof-reading, but these are the small defects usually incident to a first edition, and do not affect the value of the whole.

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A QUARTERLY BIBLIOGRAPHY OF PSYCHOLOGICAL LITERATURE.

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NOTES AND COMMENT.

BIOGRAPHICAL SKETCH OF PRESIDENT HALL.—Granville Stanley Hall, whose notable address before the American Medico-Psychological Association, and whose portrait, as frontispiece, appears in the present issue of the JOURNAL, was born in the town of Ashfield, Western Massachusets, in 1846. His father, Granville Bascom Hall (1812-1888), was a substantial farmer and a prominent citizen and man of business; his mother, Abigail Beals (1816-1887), of Scotch descent, was a graduate of Albany Female Seminary, then about the only school in the country for the higher education of women. Both parents were natives of Massachusetts, of long established lineage; both in their early years had been school teachers, and both were members of the orthodox Congregational Church.

Descended in both the paternal and maternal lines from genuine Pilgrim-Puritan stock, the son of parents of character and culture, reared in a home among noble hills, in a rural neighborhood peopled by what a New Hampshire farmer once styled "old fus'-growth men like Dan'l Webster," the boy Stanley enjoyed the advantages of work, play, and study, in the singularly rich fields afforded by New England communities half a century ago. As a child he is remembered for a strong propensity for "seeing the inside of things," and he would pry open his toys to investigate their mechanism and learn the secret of their construction and working. A recent paper of his on "Boy Life in a Massachusetts Town Thirty Years Ago," printed in the Proceedings of the American Antiquarian Society, shows how apt and acquisitive he was at an early age, and with what an eager grasp his young mind seized upon whatever was salient, picturesque, or otherwise significant in his surroundings.

His formal schooling began at Sanderson Academy, in Ashfield, and took, at sixteen, the more definite purpose of preparation for college at Williston Seminary, Easthampton, from which institution he entered Williams College in 1863, graduating in due course in 1867, fifth scholar in the class of that year. Here young Hall's literary talents gained for him the editorship of the college magazine *Moonlight*, and also the higher distinction of being chosen class orator and poet. Here, also, he had the privilege, prized by so

many eminent graduates of Williams, of sitting at the feet of Mark Hopkins, to whom, as "the author's first teacher in physiology and philosophy," he dedicates the volume "Aspects of German Culture" (1881), as "a token of gratitude and respect." It would be interesting to know whether, if the shade of the great president and teacher could now look into the mind of his pupil, he would discover that the service of his husbandry in this case consisted more in the deepening and enrichment of its native soil than in the species of seeds that his instruction sought to implant.

From college, Hall went directly to Union Theological Seminary, where he did a year's work, during which his mind felt the liberalizing influence of Prof. Henry B. Smith. Then he went to Germany and spent two years in the study of philosophy, chiefly its history, under such masters as Zeller, Kuno Fischer, Dorner, and Trendelenburg. Returning to America, he resumed and completed his course at the Seminary, graduating in 1871. He did not seek ordination. In 1872 he was appointed professor of philosophy and modern literature in Antioch College, Ohio, where he remained four years. This was but thirteen years after the death of Horace Mann, and the college still felt the glow of his ardent and aspiring nature. There were ideals to be striven for and obstacles to be overcome which put the best qualities of the young professor to the proof, and made this period one of signal opportunities for the development of tact, courage, and power of work. Professor Hall not only taught, but preached often in Antioch and elsewhere, and even served as chorister and organist of the college.

In 1876 he resigned the position to accept an instructorship in literature in Harvard University. During the year spent here he became deeply interested in the work of Professor James and Dr. Bowditch in comparative psychology, to which he determined to give more attention, and accordingly, resigning his place, he again went to Europe, where he passed three years in scientific study, attending many lectures, doing much laboratory work, and finding time besides for not a little writing on the subjects which he had under investigation. He found his way as by instinct, and as he had done on his previous visit, to the leading teachers of the Continent. Helmholtz, Du Bois-Reymond, Ludwig, Kolbe, Wundt, Brown-Séquard, Exner, Charcot — these, and others scarcely less eminent, were the men whose lecture-rooms and laboratories he frequented during these active and fruitful years.

In 1880 he was married, at Berlin, to Cornelia M. Fisher of

Cincinnati, whom he had known in this country before going abroad.

After some months of travel on the Continent and in Great Britain, he returned with his wife to America, and soon received the appointment of lecturer on contemporary psychology at Harvard.

It was at this time that Professor Hall gave in Boston, under the auspices of the university, a course of twelve lectures to teachers, which struck the keynote of his subsequent distinction in pedagogy and largely determined his future career. Equipped for the task as no man in this country had ever been before, and showing at once comprehensiveness of scope and a mastery of minutest details, his presentation of pedagogical theory and practice was recognized by those competent to judge as the most authoritative and exhaustive that American educators had ever been privileged to listen to, and his position in the front rank of contemporary educationists was thenceforth assured. This success was followed up by an investigation into "the contents of children's minds on entering school," since become classic, which was the first distinct movement in child-study in this country, and out of which has grown a profound and widespread interest in the foundations of education that bids fair to work a revolution in our views and methods of nurture and teaching.

In 1881 Dr. Hall was called to Baltimore and was made full professor of psychology and pedagogy in the new Johns Hopkins University, an appointment which, by its recognition of the scientific possibilities of psychological study, and its further recognition of pedagogy as entitled to a place in a university curriculum, announced a new and memorable departure in American education. The lead thus taken has been followed by a rapid and steady advance in the same direction on the part of most of the higher institutions throughout the country.

When, in 1888, Jonas G. Clark founded, at Worcester, Mass., the first institution in the United States to be devoted *exclusively* to university (post-graduate) work, Dr. Hall was, without hesitation, selected as the fittest man for its head. His administration here, though of course beset with the many obstacles and difficulties that necessarily attend any pioneer enterprise, has been characterized by vigor, courage, moderation, foresight, and a steadfast adherence to the high purpose which inspired the establishment of the university. There has been no backward step, no concession to popular ignorance and prejudice, or to envy, but from year to year a firm

advance, "more straining on for plucking back." Judged by the character and attainments which its students must bring with them, by the diligence required of them while here, by the scientific rigor and thoroughness insisted on in their researches, and by the responsible work which they enter upon afterward, Clark University, under President Hall, has, to say the least, no reason to fear comparison with any of its American contemporaries.

In a mere sketch like this, the rash attempt will not be made to sum up or gauge the character of such a man as President Hall. The only endeavor will be to indicate, with due reserve, a few of the qualities that strike and attract all who are privileged to know him in the ordinary relations and intercourse of life.

First, perhaps, should be mentioned his versatility; the range of his intellectual interests and sympathies; the readiness with which he can seize upon any subject or idea, whether set forth in a book or embodied in an institution or "movement," and possess himself of the parts and bearings of it that are vital to his purpose; his penetration and prescience, that illuminate as with a search-light whatever object, near or far, may be singled out for observation. Closely allied to this is his power of perceiving remote and obscure relations, analogies, and interactions between things apparently dissimilar and unconnected — almost the vision of a poet's eye that "doth glance from heaven to earth, from earth to heaven" — imagination, in short, trained and employed in the service of science. It is this that imparts to Dr. Hall's mind its rich suggestiveness; that makes any theme under his hand blossom out in unexpected proportions and attractiveness; that causes students to come from his presence filled with new interest and expectancy, each one sure that his particular problem is the most promising and important of all. Tributary to this quality is a certain insatiable appetite or affinity for the recondite and unexplored, especially in human nature. Dr. Hall may be said to devour, almost to gormandize, facts, instinctively relying on the capacity of his mind to digest and assimilate everything; and the mental tissue thus rapidly formed is constantly undergoing changes through alternations of constructive and destructive metabolism, so that the texture and complexion of his thought is new and fresh each day, almost each hour, of his life. Such prodigal activity gives rise to an appearance of instability in his intellectual poise, but it is the instability of growth, and is a main source of his vigor, versatility, sympathy, and seminal power of quickening and inspiring other minds.

In the growth of such a mind may usually be traced, not enlargement simply, and augmented power, but also progressive changes of philosophic attitude more or less marked. In the case before us we may perhaps distinguish three such phases, which, for the sake of brevity, may be summarily designated as the ultra-orthodox, the speculative, and the scientific. There was nothing abrupt or cataclysmal in these transitions, which indeed follow a well-worn path; they were only steps in the orderly and normal development of an open and progressive soul, building for itself "more stately mansions" for its larger needs.

President Hall is in much request as a speaker, upon occasions quite apart from his professional field, and he seldom disappoints public expectation. A masculine and strongly proportioned figure, a noble head, a grave but pleasant countenance, a sympathetic voice, and a bearing free from self-consciousness, combine to give him a distinguished and attractive presence. His fresh points of view, his fund of unusual information and experience, his conversational ease and unreserve, his apt illustrations, quaint humor, and frequent flashes of synthetic insight—these, with absence of everything cumbersome, commonplace, or tedious, render his public utterances always interesting and sometimes memorable.

Among Dr. Hall's deeper traits of character mention should not be omitted of a rare fortitude and strength of will, as shown in his ability to rise from a most crushing blow of fate,* that in a single night, like a tornado, fell upon his house, quenched the fire of his hearth, and scattered its ineffable joys to the winds. To lift himself from such disaster, with never an audible groan or sign of despair, re-form his broken lines, and advance again with unfaltering step towards the goal of his aspiration and duty, revealed a heroism that touches the sublime, and those who witnessed it stood dumb with admiration.

It has been for some time known among his friends that Dr. Hall has well in hand a comprehensive work on psychology and its applications, to which years of research and of his ripest thought are being devoted. Whenever this book shall appear, it is not too much to say that the public will come into possession of the matured fruit of one of the most active, original, and gifted minds that America has yet produced.

* On the morning of May 15, 1890, during the temporary absence from home of President Hall, the terrible discovery was made that by some derangement of the fixture, an escape of gas into their sleeping-room had resulted in the death, by suffocation, of Mrs. Hall and her little daughter.

Following is a list of President Hall's principal publications and of the honorary degrees he has received:

PUBLICATIONS.

"The Perception of Color." Proc. Am. Acad. Arts and Sci., March, 1878.

"Laura Bridgman." Mind, April, 1879.

Ueber die Abhangigkeit der Reactionszeiten vom Ort des Reizes; with Dr. Kries. Archiv für Anat. und Physiol., 1879.

Die willkürliche Muskelation; with Professor Kronecker. *Ibid.*, 1879.

The Muscular Perception of Space. Mind, 1879.

Hegel: His Followers and Critics. Journal of Speculative Philosophy, 1880.

Optical Illusions of Motion; with Prof. H. P. Bowditch. Jour. of Physiol., Vol. III, No. 5.

Contents of Children's Minds. Princeton Review, May, 1883.

Bilateral Asymmetry of Function; with E. M. Hartwell. Mind, No. 33.

Reaction Time and Attention in the Hypnotic State. Mind, No. 30.

Studies of Rhythm. Mind, Vol. XI., No. 41.

Motor Sensations of the Skin; with Dr. H. H. Donaldson. Mind, No. 40.

Dermal Sensitiveness to Gradual Pressure Changes. Am. Jour. Psychol., 1887.

Comtemporary Psychologists; Professor Edward Zeller. Am. Jour. Psy., IV, 1891-92, 156-176.

Other contributions to the American Journal of Psychology, of which he is editor.

Digest of Dorner's Theology. A series articles from notes as student in the Presbyterian Quarterly for 1873.

Hegel as the National Philosopher of Germany; tr. from Rosenkranz. St. Louis, 1874, pp. 156.

Philosophy in the United States. Pop. Sci. Monthly, Supp., No. 1, 1879.

Moral and Religious Training of Children. Princeton Review, Jan., 1883.

The Education of the Will. Princeton Review, Nov., 1882.

The new psychology. Opening Lecture, Johns Hopkins University, Fall of 1884. Andover Review, March and May, 1885.

How to Teach Reading and What to Read in Schools. D. C. Heath, Boston, 1887.

Bibliography of Education; with J. M. Mansfield. Book of 300 pp., D. C. Heath & Co., Boston, 1886.

New Departure in Education. N. A. Review, Feb., 1885.

Aspects of German Culture. Book of 318 pp., Osgood, Boston, 1881.

Methods of Teaching History. Editor, Book of 385 pp., Boston, 1885.

A Sand Pile. Scribner's Mag., Jan., 1888.

Children's Lies. Am. Jour. Psychol., Jan., 1890.

Many Educational Addresses.

Many articles in the Pedagogical Seminary, of which he is editor.

ACADEMIC DEGREES.

A. B., Williams College, 1867, and A. M., 1870; Ph. D., Harvard University, 1878; LL. D., University of Michigan, 1888; and Williams College, 1889.

THE CHANGE IN THE PRESIDENCY OF THE NEW YORK STATE COMMISSION IN LUNACY.— We condense from the New York *Mail and Express* of October 3, 1896, the following:

"The retirement of Dr. Carlos F. MacDonald, on September 30th, from the presidency of the New York State Commission in Lunacy, an office which he has held since the creation of the commission in 1889, marks an important era in one of the most important and extensive departments of the State government. Dr. MacDonald was impelled to take this step by a due consideration of his private interests. He has succeeded the late Dr. Choate as physician in charge of a high-class sanitarium for the treatment of select cases of mental disease at Pleasantville, Westchester County. In his letter of resignation to the Governor, Dr. MacDonald says:

"The complete fulfillment of the object — State care for the dependent insane — which induced me to accept the presidency of the State Commission in Lunacy on the creation of that body in 1889, has relieved me from the moral obligation which I then assumed. In other words, the accomplishment within the present year of this great reform in behalf of the dependent insane, for the consummation of which all true friends of that unfortunate class are deeply indebted to you, has left me free to avail myself of the opportunity which has come to me to retire from the cares and responsibilities of public service to which twenty-seven years of my professional life have been given in connection with the care of the insane, to the more peaceful and more adequately compensated walks of private professional practice.

"Of the value and extent of the service rendered by Dr. MacDonald to the people of this State in the seven years of his membership of the commission, few persons not directly and intimately connected with the general administration of lunacy affairs can have any adequate idea. In securing the adoption by the Legislature of this policy, and in the subsequent improvement, enlargement, and extension of the work, his services have been of the first importance."

The *Mail and Express* further informs us that the following resolution was adopted at a recent meeting of the superintendents of the State hospitals for the insane:

"WHEREAS, The superintendents and representatives of the State hospitals of New York, in conference assembled, have learned with deep regret of the contemplated retirement of Dr. Carlos F. MacDonald from the presidency of the State Commission in Lunacy; therefore,

"*Resolved*, That as representatives of the State hospitals for the insane, we deem it appropriate and fitting to make public acknowledgment of our appreciation of the important service rendered by Dr. MacDonald on behalf of the establishment, upon a permanent basis, of the policy of State care for the

insane, and of carrying out that policy into practical operation in an efficient and economical manner. We also record our regret that Dr. MacDonald has found it necessary to withdraw from the service of the State in that capacity; and we tender him the assurance of our confidence in the administration of lunacy affairs by himself and his associates. Our thanks are due to him for his efforts to promote the welfare of the insane and the successful conduct of the State hospitals, and for his future prosperity and success he has our heartiest wishes.

"A copy of these resolutions, handsomely engrossed on parchment, was presented to Mr. MacDonald, together with an elaborate and costly solid silver punch bowl.

"Dr. Wise, the new president of the commission, has given a quarter century to service of the State and the care of its dependent insane. In 1873 he was appointed assistant physician and in 1884 he was promoted to the medical superintendency of the Willard Asylum. In 1889 he accepted the medical superintendency of the new St. Lawrence State Hospital at Ogdensburg. The latter institution was conceived in a most enlightened spirit of progress, and was intended to be an exponent of the latest and most approved plans of hospital construction and administration. In the seven years of Dr. Wise's incumbency, the policy of the hospital and basis of its organization has been completed. It is recognized throughout the scientific medical world as a model of convenience and adaptability for its purpose, and has already attained a high reputation as a curative institution."

The JOURNAL is glad that Dr. MacDonald has ended so well his arduous duties as commissioner. We wish him the most ample success in his new field. We participate in all the good feeling and good will among the New York brethren, of which the *Mail and Express* gives us so tantalizing a glimpse. Our imaginative soul sees the "bowl" overflowing with exhilarating vintages, and we inhale the fragrant incense of the "pipe of peace," whose mellow cloud in the light of a rosy future forms a halo around each renowned head.

A DISTINGUISHED NEUROLOGIST, at the last meeting of the American Neurological Association, is reported as saying that, in analyzing the record of American asylums, "we are startled to find that no new type of mental disease, no original pathological observation, no new departure in treatment, and not one text-book, has ever come from an American asylum, despite the millions of dollars and thousands of patients they have had at their command."

It may seem a little unfair to criticise unguarded utterances like the above, when in all charity we must assume that their author is at least no longer especially well satisfied with them himself, but their publication in a widely read medical publication fully justifies it. Dr. Gray evidently spoke with thoughtless haste, for we can not think that, taking up his charges separately, he was unaware that acute delirium is often called Bell's disease, from its early describer, an American alienist, and that Dr. Van Deusen anticipated Beard in his description and designation of neurasthenia. It is possible he never studied the history of American psychiatry, but if he had he would have known that the first American alienists were ahead of their times in their own specialty, and pioneers in others, as Dr. Godding demonstrates in his paper in this issue of the JOURNAL. As to new departures in treatment, there have been, it is true, no epoch-making innovations. Tuke and Pinel and their collaborators antedated all American psychiatry, but we can say with truth that Scotland, the advanced land of asylum reform of the present day, owes its first start in this direction to American counsel and example. As regards text-books, his statement is not literally correct, for one excellent manual, at least, has issued from an American institution, and we might, perhaps, include also that of Dr. Spitzka, whose studies of insanity were largely made in the New York asylums, we believe, though he was not officially connected with them. It would be needless here to recapitulate the many meritorious contributions that have come from American hospitals for the insane within recent years; they must, many of them, have been familiar to Dr. Gray.

There was a time when American psychiatry showed, to a certain extent, a reactionary and unprogressive tendency, but that can not be said to be the case at the present time. The fact that the heads of hospitals were and are still, to some extent, appointed as a reward for political services rather than for their scientific merits is a misfortune for which the progressive element in the specialty is not responsible, and one which it is doing its best to obviate. But at no time in the past, and certainly not at the present, can such statements as those we have quoted be said to have any real warrant for their utterance.

A CASE OF CONDEMNATION AND REPRIEVE BY NEWSPAPER.*—The press of the country undergoes a just perceptible improvement in

*Crowded out of last issue.

its dealing with subjects connected with the insane and the institutions for them, but there is much still to be desired in intelligence and judicial mindedness. An illustration of this was given not long ago by the treatment of the Central Hospital at Jacksonville, Ill., by the Chicago *Tribune*. On the 16th of March last the first page was given over to an account with sensational headlines, telling "How the Insane Die!" etc., and four good-sized cuts of a patient scalding in a bath-tub, another killed by a train, a third found dead in his room with a wound in his neck, while a fourth presented the attendants engaged in a game of cards. Details of these various alleged horrors were presented, covering all of the page except two columns. On March 19th, three days later, the same paper prints a paragraph with small headlines in an obscure part of the paper, beginning "*Charges Are Not Sustained*," and containing the result of an investigation by the State Board of Charities, from which it appears not only was nothing seriously wrong found to exist in the institution, but on the other hand great improvement and progress were the order of the day. This roaring and thundering in the index and whispering very faint and weak in the epilogue is only an example of the inconsistency of the press. The *Tribune* is as little given to the ranting style of journalism as any daily paper, and yet may be fairly accused of doing much harm to the cause of the insane by (first) giving stories and illustrations of what seem like appalling outrages and (second) acknowledging that there was no solid foundation for the charges. In the meantime the general public impression that neglect and cruelty abound in these institutions is strengthened, and pain is conveyed to the heart of everyone who has a friend under the care of such institutions. With such proceedings as these constantly going on in the press, is it any wonder that the public is exceeding slow in overcoming its prejudices against institutions for the insane? The too common sentiment of the press toward these institutions would seem to be explained by a telegram the writer was once shown by a reporter when visiting a public institution, which read as follows: "Give them h—l on general principles." And yet many of these same molders of public opinion will give you a flattering "write-up" for $100 or less!

A New View of Mania and Melancholia.—The recent edition of Kraepelin's "Psychiatrie," reviewed in this issue by Dr. Meyer, contains, as it will be seen, some views in regard to mania

and melancholia that are rather subversive of the former ideas and the teachings of the text-books in our specialty. If he is right, then, instead of reckoning these forms which we have been accustomed to consider the primary and elementary insanities, as the most curable, we will have to look upon them as evidences of incurable constitutional taint, or perhaps of devolutional changes of normal or premature decay. The fact that his conclusions are deduced from practical observation, and the studies of the after histories of a vast series of cases, together with his known ability and reputation as a clinical alienist, makes them the more worthy of serious consideration. It will be in order now for the alienists in all parts of the world to test them by the vast available material at their command, and it will undoubtedly stimulate a more general and thorough study of cases of insanity in their post hospital careers.

With the facts now constantly being developed as to the effects of auto-intoxications, and of cell and neuron changes, it is very possible, and, indeed, even probable, that Professor Kraepelin's views may not be fully borne out in all respects, but will have to undergo some modifications. At all events it is safe to say that his book does not contain the last word on the subject.

THE CONGRESS OF PSYCHOLOGY.—The Third International Psychological Congress was held at Munich August 4th to 9th last, and was very largely attended. The public interest in the subjects discussed was very marked, so much so as to be rather an embarrassment than otherwise, according to the correspondent (presumably Professor Baldwin of Princeton) of the New York *Nation*. As a sign of the times this is encouraging, but it may perhaps be necessary to divide the congress or limit its membership as suggested.

One of the sections was devoted to mental pathology, and a number of the papers would appear, from their titles and the abstracts that have been furnished, to be of decided interest to members of our specialty.

A notable fact reported was the falling off in number of the papers on hypnotism, which indicates another tendency of the times. We have passed nearly through another cycle of interest in this subject, and its day is passing or passed.

It is now less than twenty years since the first psychological laboratory was founded, and now, as President Stanley Hall states

in his address in this JOURNAL, there are over thirty in this country alone. Physiological psychology, as it was first denominated, has now become coterminous with psychology in general, as is shown by the successive changes of the name of the congress, first the congress of physiological psychology, next of experimental psychology, and now simply psychology.

The next session of the congress will be held in Paris in 1900, in connection with the Universal Exposition of that year.

ASYLUM REFORM IN GERMANY.—The celebrated Mellage case has stirred up the Germans to reform in their lunacy administrations, and a number of new legal provisions have been put in force, including visiting commissions, regulations for commitment and discharge, the qualifications for superintendent of private asylums, etc. The principle is established by law that in all medical matters and the supervision of attendants the medical officer is supreme, and the number of physicians must be in proportion to the size of the institution; if containing over 100 inmates there must be two physicians. Only physicians can order restraint, direct the diet, or deal with the authorities, relations, or legal representatives in regard to patients. No central lunacy commission is yet provided for, but probably that will come in time. The move appears to be in the right direction, and one wonders only why it was not begun before. The changes come in force, it is stated, not later than October 1st of this year.

SERUM THERAPY.—The present activity of experimentation in serum therapy has extended also to the treatment of insanity, and here, as in some other departments, it seems to be occasionally carried beyond the apparent limits of reason and good sense. At least that is our deduction when cases of inebriety are reported cured by injections of serum cultivated in drunken dogs, and acute mania by injections of serum from recovered cases of the disease. Such reports, however, will probably soon drop out of sight and out of mind, and only be remembered, if at all, as curious incidents of the day. We can hardly be too conservative in accepting matters of this kind, even when far less apparently unreasonable than these mentioned.

THE INSANE are said to number over 13,000 in the city of London, with an annual increase of some 600 every year.

CORRESPONDENCE.

THE BRITISH MEDICAL ASSOCIATION AT CARLISLE.

The meeting at Carlisle was not a large one, as the town is not one of any considerable size, and accommodation was difficult to obtain. The decision to meet next year in Montreal has met with universal approval, and remembering the generous hospitality and hearty good will shown by our medical friends at Washington ten years ago, there is a looking forward to the Montreal meeting by many who hope to be able to take their annual holiday there next year. There is no doubt that the International Congress at Washington brought together the medical men of both sides of the Atlantic in a cordial, friendly manner such as is rarely experienced with any of the great medical gatherings which take place from time to time in different countries, and the work being done by the profession in America was a revelation to many on this side, whose conception of America, its people and their ways, was as ignorant as it could well be. We are accustomed over here to judge Americans by many of the tourists who visit our shores, just in the same way as John Bull is summed up by his continental neighbors according to the estimate made of the average British tourist, which is not usually very flattering. It is to be hoped that in our own section of psychology there will be the same excellent results, the same enthusiasm, and the same friendly rivalry as was manifested at Washington.

In the psychological section of the British Medical Association at Carlisle, the lack of numbers was compensated by ardor and enthusiasm. Several topics of wide interest were discussed, and the *bête noire* of asylums — hæmatoma auris — which has been the cause of much unmerited reproach, as we see now, being cast upon attendants, was very much in evidence and to very good purpose. Dr. Ford Robertson, the pathologist at the Royal Edinburgh Asylum, who has done and is doing very excellent work in his own department, has advanced our knowledge of the pathology of hæmatoma auris by several stages. Making due acknowledgment of what has already been done in this direction, we are now able to record that Dr. Robertson's work elucidates more fully the problems of this disease. It is now established that the first indication of morbid change is a molecular degeneration of cartilage cells. New vessels are formed thereafter, but they are prone to degenerative changes and rupture, with no suspicion of traumatism

whatever. Indeed, as Dr. Clouston pointed out, the mere restless rubbing of the head on the pillow is sufficient to account for rupture of these vessels. Given degeneration of cartilage cells, breaking up, the formation of cavities, imperfectly formed vascular areas, with a tendency also to degeneration, we can readily understand how hæmatoma auris can be produced.

It is a remarkable fact that degenerate areas have been found to be exceedingly common in the mentally sound, but there are no cysts found within the vascular walls as they are found in the insane. We can, however, readily understand how it is that reputedly sane people sometimes suffer from hæmatoma auris — prize fighters and athletes, for example.

The great bulk of asylum physicians are, however, more interested in clinical questions which come up for discussion, and although general paralysis in its clinical and therapeutical aspects has been thrashed out time and again, and things have been said about it that have often been said before, and sometimes better said, there was no difficulty in getting it discussed at Carlisle, and to those who had been at the London meeting a few days before, discussed *ad nauseum*. A careful examination of any discussion will always reveal, if it has not been utterly worthless, some gleanings of new truths that need not be lost to sight forever, and may serve to rekindle fresh interest in some direction or other. The question raised by Dr. Clouston whether it is desirable by means of drugs, what some people would call chemical restraint, to restrain the violence of the first stage of general paralysis, to obviate the risk of struggles and broken bones, to bowl over the patient, so to speak, for a few days, and leave him in seclusion until he has safely drifted into the second stage, is one that will provoke a good deal of discussion. There can be no doubt that Dr. Clouston's idea, whatever may be said of his method, is a most humane one, and we have no sympathy with those men who prefer a *laisser aller* policy to active treatment — who hold up their hands in pious horror as if they are so much more virtuous and humane than other men. Until general paralysis can be regarded as curable no serious objection can be taken to Dr. Clouston's plan of dosing the patient with sulphonal, although there is a good deal to be said for the alternative treatment, albeit it is attended with greater risk, of keeping the patient actively employed with hard manual labor. The question of whether the patient should be frequently attended to, in order to prevent bed-sores, frequently changed, and rubbed and powdered

and lotioned, was another question that provoked discussion. By some it was held that this was a useless worry and annoyance to the patient, and that the craze of the English commissioners for recording in the *post mortem* books of asylums the bed-sores observed on patients, examining the patients in the hospitals of asylums for bed-sores, and making a bed-sore such a serious offense, was utterly stupid and irrational. It is a curious fact in medical practice, as in other walks of life, that the average tendency of human nature is to go to the one extreme or the other, and while the action of the English commissioners should be deprecated, the action of the other extremists, who would rather let the patient have perfunctory care and take his chance of bed-sores, is also to be deplored. It was emphasized by one of the speakers that on sanitary grounds alone, and for surgical reasons, the prevention of bed-sores was most desirable. Of course it is generally admitted, and Dr. Mickle gave his authority for this statement, that the acute bed-sore which comes on without any warning, and is due to atrophic neurosis, is quite unpreventable. One more important contribution to the subject was the emphasis that was laid on attention to the bowels. It was strongly asserted that with all our knowledge and skill, and notwithstanding the fact that we tacitly acknowledged the importance of attending to the bowels in the treatment of insanity, this is very much neglected, and cases were quoted where, as one observer remarked, the cause of insanity seemed to be the want of castor oil.

A. C. C.

THE NEW YORK STATE COMMISSION IN LUNACY.

A correspondent expresses some views below, in commenting upon the recent accession of Dr. Wise to the chairmanship of the New York State Commission in Lunacy, which we think require emendation. We desire, at the same time, to congratulate New York upon securing the able services of so admirably qualified a man as Dr. Wise for this position. Whether to congratulate him, we are somewhat uncertain. We think there are tendencies in the New York system that may prove mischievous and make his position difficult, but have great faith in his capacity and ability to remedy defects or to secure their correction:

"The organization of the New York State Commission in Lunacy has been changed by the resignation of Dr. C. F. MacDonald, the

president of the commission, and by the appointment of Dr. Peter M. Wise to fill the vacancy. Dr. MacDonald resigns to continue the work of the late Dr. Choate at Pleasantville, near New York City, in the care of private cases of insanity.

"The appointment by the Governor of Dr. Wise is directly in line with the principles of the Civil Service so well maintained in New York. Dr. Wise has been engaged in asylum work for a quarter of a century. He was for six years the superintendent of the Willard Asylum for the Insane, now the Willard State Hospital, and was transferred to the St. Lawrence State Hospital to organize it and continue as its superintendent, which he has done for the past six years. Being the senior of the New York superintendents in point of service in the State system, his appointment is a direct tribute to his service and his success.

"Lunacy affairs in New York State are again settling into a satisfactory condition after the friction and turmoil that almost necessarily follows such a revolution of method as the Legislature of New York inaugurated by the recent State Care Act. Now that it is being understood, and the State Commission in Lunacy have interpreted their powers with a greater regard for the hospitals, a better feeling prevails, and the recent appointment will tend greatly to increase the harmony that was already settling down upon the great New York experiment in State care.

"It must be acknowledged that New York has accomplished a great deal by her recent changes in the system of caring for the insane. To-day all the insane in the State are under its care, and the standard is high — in fact the danger threatens that it may become too high.*

"The very fact of uniformity of method, turning all the hospitals substantially into departments of one great system, is in itself a safeguard against abuses, for the very magnitude of any defect will draw to itself attention that in an individual hospital would be lost sight of.† There is much in New York hospitals for other States to learn.‡ They are in advance, and their experience in this great new

*We do not suppose our correspondent means the standard will be too high, but that the cost may become burdensome and lead to complaint, in the laudable efforts to give all the insane all the comforts and as many as possible of the enjoyments and luxuries which their unfortunate condition will admit of.—Ed. Journal.

†This will be true of abuses, if any, found to be common to all institutions, but of course it will still be possible in New York, as elsewhere, to meet with abuses that are individual in their character.—Ed. Journal.

‡We think the lunacy legislation and administration of New York furnishes some things to be *avoided* as well as some to be "learned" by other States. In fact the New York system, so far as its centralizing tendencies are concerned, is still upon trial.—Ed. Journal.

departure can be and should be used by other States. They have tested and are testing the plan of the aggregate against individuality,* and as far as can be judged at this early day its utility will have to be acknowledged. With a practical man like Dr. Wise at its head, coming fresh from a long experience that has tasted of all the systems of care, there should be no fear that impracticable schemes will gain an entrance into the program of the State Commission.

"X."

* We believe that aggregation, congregation, and centralization as against individuality and segregation in institutions for the insane are in danger of being carried to a vicious extreme in New York. We are for the individual every time as against the aggregation, whether the individual be an insane patient or a physician or other agent of the State employed for his care. These eternally conflicting elements must be reconciled in favor of the utmost individuality.—ED. JOURNAL.

OCCASIONAL SUMMARY.

ILLINOIS.— *New Hospital for the Insane.*— The corner stone of the new Northwestern Hospital for the Insane was laid at the village of Watertown eight miles east of Rock Island, by Governor Altgeld, September 5th. The thirty-eighth General Assembly made an appropriation of $100,000 for an institution to be located north and west of the Illinois River. The site comprises 400 acres on the bluffs overlooking the Mississippi River, which was purchased and presented to the State by Rock Island county and city, and the town of Moline. The plans contemplate a system of eight groups of buildings, to be arranged in radiating lines from the main building, connected by hallways.—*Jour. Am. Med. Ass'n*, September 12th.

IOWA.— Fire destroyed the main building of the State Institute for the Feeble-Minded at Glenwood, on the morning of August 29th, causing a loss of about $150,000. During a heavy electrical storm a bolt struck the cupola of the building, about 2.45 A. M., setting it on fire, and at the same time passing down through the building, starting a second fire in the basement.

The superintendent and his assistants, as soon as the fire was discovered, roused all the inmates, and they were removed from the burning building without any excitement. Most of the inmates of the institution were in other buildings, there being only about twenty-five of the most advanced, mentally, in the main structure.

They were sleeping in the rooms below the cupola in which the fire started, but escaped without any injuries from the bolt of lightning.

The building destroyed was completed in 1890, at a cost of $85,000 to the State. It was a three-story brick structure, and contained the class rooms, chapel, and apartments of the superintendent and his assistants and teachers. Joining the rear and south of this building was another structure known as the cold-storage house. The upper stories of this were used for school-room purposes. This also was destroyed, entailing a loss of over $30,000. The State carried no insurance, so the loss will be total.

KANSAS.— *Must Give Notice of Trial for Insanity.*— An inquiry and trial in the probate court in Kansas, had upon an information charging one with being a person of unsound mind and incapable of managing his own affairs, the court of appeals of that State holds: *In re* Wellman, decided June 12, 1896, trial should only be had after notice to the person alleged to be insane, and after opportunity has been given such person to be present at the trial, in person or by counsel. An adjudication of insanity that is made without such notice and opportunity to be heard, it holds, is a nullity and void, and a commitment thereunder to the insane asylum is illegal.—*Jour. Am. Med. Ass'n*, September 12th.

KENTUCKY.— August 31st the main building of the Kentucky Institute for the Feeble-Minded at Frankfort was entirely destroyed by fire. About 300 feet from the main building were the framework shops, which were saved.

No lives were lost. The buildings and furniture were insured for $55,750. The premiums of the insurance policies fell due the day before the fire, and had not been paid when the fire started, but this, it is said, does not affect the validity of the policies, as the premium is payable during the first ten days of the month. Since the burning of the main building the frame-work buildings have been used to accommodate the inmates as best they could.

— On Friday, September 11th, the temporary buildings and workshops of the Kentucky Institute were destroyed by fire, thus effectually wiping out the last vestage of the institution.

Some of the children were seriously injured in being removed from the buildings.

It is a question whether the institutiqn will be rebuilt, as it has been very unpopular, and has had trouble for some time with the State Legislature, and has had a struggle for existence.

MARYLAND.—Dr. Edward N. Brush, superintendent of the Sheppard Asylum, has been elected professor of psychiatry in the Woman's Medical College of Baltimore.

— The late Enoch Pratt, a Baltimore millionaire, has bequeathed by will a sum of money, estimated at $2,000,000, to the Sheppard Asylum, on the condition that the name of the corporation be changed to The Sheppard and Enoch Pratt Hospital.

It is intended that the income from this fund shall be used to complete the present buildings and grounds, and add an additional building with a capacity of 200 beds. After this has been done, the income is to be devoted to the care of the indigent insane, "free of cost, by the most approved methods known to medical science."

— A recent report of the Maryland Lunacy Commission strongly sets forth the injurious effects of hypnotism, especially upon hysterical or nervous individuals, and recommends that public exhibitions of it be forbidden by law.

MISSOURI.—The superintendent of the St. Louis Insane Asylum, in his twenty-fifth annual report (1894), gives the following in regard to a question of some interest to officers of institutions for the insane:

Handling of Mail of Inmates.—In October last I had the somewhat doubtful pleasure of being drawn into a correspondence with the United States postal authorities regarding the handling on the part of asylum officers of mail matter sent by or intended for asylum inmates, of which you were fully advised at the time. The correspondence was precipitated by a complaint made to the United States post-office inspector by a very intelligent but exceedingly troublesome inmate of this asylum, a paranoiac with very pronounced symptoms and considered unsafe to be at large, the substance of which complaint consisted in the assertion that his rights had been violated by the superintendent of the asylum interfering with mail sent by or addressed to him. As the subject may be of general interest to asylum

officials, the decision finally reached by the assistant attorney-general for the post-office department, under date of December 20, 1893, here follows: "The authorities in control of the asylum have no right to open and inspect letters addressed to or sent by the inmates under their care and in their custody. This ruling does not preclude such authorities, however, from preventing the delivery of letters to such inmates, or to prevent letters from being sent by them to outside parties, when it might, in their judgment, probably interfere with the safe and due administration of the affairs of such institution. Of course, here as elsewhere, a sound discretion should be exercised in this respect, and with that the post-office department would be content."

We have experienced no particular inconvenience or difficulty in conforming with this ruling. Being convinced, for sufficient reasons, of the necessity of the exercise of proper control and inspection of mail matter passing between inmates and outsiders, I do not now, as a rule, accept letters addressed on the envelope to inmates; but in order to avoid as much as possible undue delay or disappointment, all persons who are in correspondence with inmates, or from whom communications may be expected to arrive, are notified that letters and packages for inmates of the institution must be addressed on the envelope to the "Superintendent of the St. Louis Insane Asylum," so as to permit inspection of their contents, and that otherwise they will be returned to the St. Louis post office.

—Dr. LeGrand Atwood, formerly superintendent of the State Lunatic Asylum at Fulton, and the City Asylum of St. Louis, is a candidate for Congress on the Democratic ticket in the Tenth Missouri congressional district.

New York.—*New State Hospital Buildings.*—A dispatch to the *Evening Post* from Albany says that State Architect Perry has completed plans for a large addition on Ward's Island to the Manhattan State Hospital. The building will contain 150 beds. Another building to be connected with the hospital, with accommodations for 100 patients, is to be erected at Central Islip, L. I. Plans for additional cottages at this place for the institution are being prepared. The cost of all these improvements will be about $600,000. A site has been chosen at King's Park by the State architect for a group of three cottages which are to surround a commodious dining-hall. They will be connected with the Long Island State Hospital and will accommodate 700 beds. These improvements will cost $380,000.—*Med. Rec.*, June 13th.

—*Music in a State Asylum.*—Dr. Sylvester, superintendent of the Kings County Hospital for the Insane, has hit upon the idea of forming an orchestra out of the employes and inmates of the institution. For some time the superintendent has been trying to get up some sort of a diversion for the patients, and he was interested to learn, several weeks ago, that not a few of his patients were both fond of music and capable of its production. He called for recruits from the army of employes and patients, and soon had a band of sufficient number and unexpectedly good quality. Some of the patients lend themselves readily to the new diversion. A young man

twenty-eight years old, who suffers from an acute form of delusions, has become an accomplished artist on the tuba. An orchestra of eighteen pieces will soon be organized, and the players will begin regular rehearsals for the winter entertainments. Thus will the monotonous routine of the long winter months be materially relieved by this new departure. At short intervals Dr. Sylvester plans to give dances, concerts, and other entertainments, in which the musical feature will be given prominence.—*Medical News*, August 29th.

—*Inspection of Charitable Institutions.*—The New York State Board of Charities has appointed Dr. Stephen Smith of this city, and Enoch V. Stoddard of Rochester, a committee to inspect the charitable institutions of the State. This is one of the duties imposed by law upon the board.

—Dr. R. B. Lamb was promoted to the position of first assistant physician at the Matteawan State Hospital July 1st. Dr. E. H. Williams was appointed to the position of assistant physician July 1st. Dr. J. M. W. Scott was appointed medical interne July 1st.

— Dr. David E. Francisco was appointed medical interne Middletown State Homeopathic Hospital.

—Dr. George B. Wheeler, assistant physician Willard State Hospital, died May 7, 1896. Dr. William Steinach of New York City was appointed assistant physician May 22d, to fill the vacancy caused by Dr. Wheeler's death.

—The resignation of Dr. Macdonald and the appointment of Dr. Wise are noticed elsewhere in this JOURNAL.

OHIO.—A law was passed at the last session of the Legislature providing that every private or public hospital or correctional institution shall be subject at all times to inspection by the commissioners of the county in which it is located. It also requires the said officials to make, unannounced, such inspection as often as every six months and to file a complete and full report of the same with the prosecuting attorney, which report shall be open to examination by the public. Penalties are provided for any person hindering or obstructing such investigation.

OKLAHOMA.—*New Provision for Care of Oklahoma Insane.*—Section 2,990, paragraph 1, chapter 42, of the Oklahoma statutes, authorizing the Governor of the Territory to contract with any Territory or State in the United States, or with the proper authorities thereof, for the care of persons who become insane within the Territory, and who are citizens thereof, such care to be had in the insane asylums of the Territory or State with which such contract may be made, has been amended so that it is now, in substance, as follows:

The Governor is authorized and directed to enter into a contract with responsible individuals or private corporations for the treatment, care, and maintenance within the Territory of the Territory's insane, and of all persons who become insane within the Territory, and who are citizens thereof, for a term not to exceed three years from on or before June 15, 1895, and at a rate not to exceed $300 per annum for each patient: *Provided*, That the contract shall stipulate that the regulations prescribed by law of the States of Illinois or Kansas for the treatment of the insane shall be those governing the con-

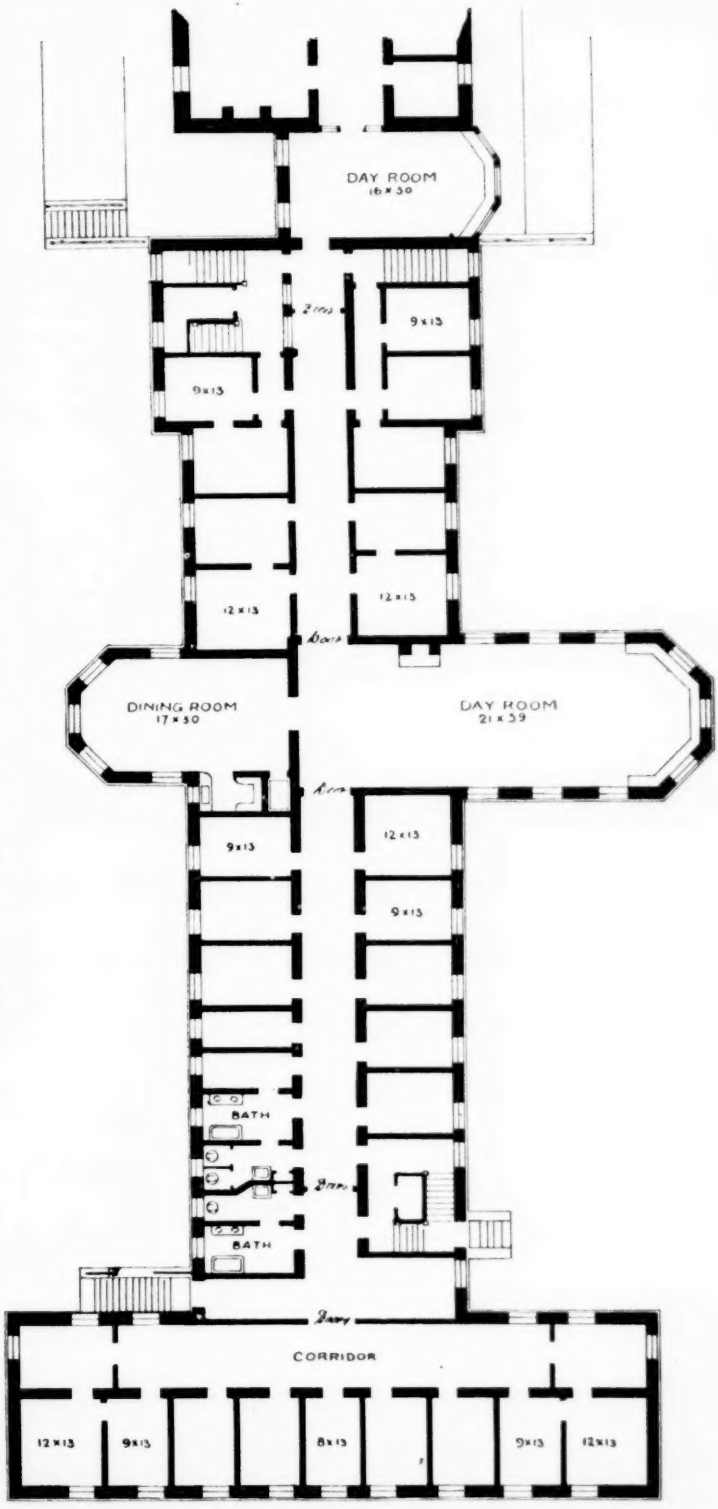
tractors in the care and treatment of the insane, as far as the same can be made applicable: *Provided, also,* That burial expense and accounts for conveying discharged patients to their residence shall be a county charge. The Governor, it is also enacted in this connection, shall also have power under this act to contract for the deaf and dumb of the Territory, by parties within or without the Territory, in like manner as provided in this act for the care of the insane.—*Jour. Am. Med. Ass'n,* December 28, 1895.

—*Treatment for Oklahoma Inebriates.*—Any inhabitant of the Territory of Oklahoma who is of kin to, or a friend of, any habitual drunkard who is resident of the Territory and the head of a family, the Legislative Assembly has ordained, may petition the board of county commissioners of the county of the residence of such habitual drunkard for leave to send such person, at the expense of said county, to an institute within the Territory, for the medical treatment of drunkenness and morphinism, as said board of county commissioners may designate, at an expense of not to exceed $100, including board and lodging; but the sending of such person to such an institution shall be discretionary with the commissioners, and not more than four persons shall be sent from the same county in any one year. The petition referred to must set forth, among other things, that such person, or those of his kin petitioning, are not financially able to incur the expense of his cure, and that he is willing and will agree to attend such institute for the cure of drunkenness and morphinism, as well as contain his written agreement to that effect, and that he will abide by and comply with the rules of such institute.

PENNSYLVANIA.—*Pennsylvania Hospital for the Insane—The New Wards.*—The accompanying plate presents the first-floor plan of the new wards recently erected. These wards are intended to accommodate the patients hitherto cared for in the so-called one-story wards—six in number—which were erected in 1847 and 1849. The new wards, as shown, are an extension of the transverse section of the south wing of the main hospital structure. The new wing is two stories in height, and corresponding as it does with the location of the Williamson wards, erected in 1891, completes a symmetrical plan of the hospital.

It has not been the purpose to increase the hospital accommodation, but rather to furnish improved quarters for the class commonly designated the "refractory class," "excited or maniacal class," as well as patients in various stages of mental degeneracy—all recognized as having passed into the chronic or terminal stage of insanity. It is the purpose to convert the one-story wards into accommodations for employes, and to other uses.

The new wing contains forty-two bed-rooms for patients, and associate dormitory for the care and observation of twelve patients, bed-rooms for nurses—if for any reason their location should be near their charge-day rooms, dining rooms, water closets, clothes rooms, rooms for visitors or friends of patients, a transverse wing with bed-rooms for patients who may be noisy at night, or during the day, or who, for any reason, may be properly segregated from the other patients on the ward. It is well known that much of the noise of a hospital comes from a limited number of patients in a state of high mental excitement, which it is desirable to confine



PENNSYLVANIA HOSPITAL FOR INSANE.

NEW WARDS — FIRST FLOOR PLAN.

and limit at some place remote from the wards occupied by quiet patients. Thus, any disturbing influence from this source will be reduced to a minimum.

The principal features of the plan are the large day-rooms projected beyond the contour of the building, furnishing for each patient generous superficial and cubic space, with abundance of light and air, together with ample facilities for observation. The dining rooms are convenient to the day rooms. The plan also provides for the division of each floor into sections by means of doors, as shown, which, when closed, will permit the rooms to be thoroughly ventilated during the day, or that each section may be used separately, or that any portion of the ward may be shut off from another portion for any desired object. During the night the windows of the day rooms may be opened for an effectual change of air. As many of the patients in these wards may have dirty habits, it will thus be seen that provision is made for a thorough change of air by day and by night. It is sometimes considered a desirable thing to place patients on one floor during the day, and to remove them at night to another story to sleep. A study of this plan will show that this object is obtained in a satisfactory way on each floor. Each bed-room has a warm-air flue and a ventilating flue. The ventilating flues are collected in the attic, and discharge into cupolas. The exit of air is facilitated by coils of steam-pipe placed in the cupolas. Fire-proof stairways and exits are placed at each end of the wing. Private rooms are so located near the entrance and exit stairways that an acute case may be introduced into the hospital and friends received into the wards without necessary communication, or even contact, with other patients.

The material used in the construction of the new wing is a buff-colored brick, and the roof is covered with tin tiles.

While this plan might not be considered the best if a work were to be projected *de novo*, we have endeavored to show how, with a building already constructed, the difficult problem of the better care of patients of the turbulent and excited class has been solved at this hospital. J. B. C.

—*Pennsylvania Training-School for Feeble-Minded Children.*—Splendid work is being done by the Pennsylvania Training-School for Feeble-Minded Children at Elwyn, near Media, Delaware County, where 982 children are under observation and care. The institution is a private one, being maintained primarily by voluntary contributions, although it receives additional support from the State to an extent inadequate, however, to meet the demands upon its resources from those unable to pay and in need of just such care, discipline, and instruction as the school can and does most excellently give. Attention is paid to both intellectual and manual training, and not a little of the work about the place is done by pupils. Within the last six months a good deal has been accomplished by means of instruction in articulation. From the forty-third annual report just submitted to the members of the State Legislature, to the State Board of Public Charities, and to the contributors, it appears that of 201 applications made during the year, eighty-five were rejected — the majority from failure to meet the requirements, many of the applicants not being residents of the State. A

considerable number could not be accepted because of lack of accommodations. It appears that of nearly 9,000 idiots in the State of Pennsylvania, almost a thousand are cared for at the school at Elwyn.—*N. Y. Med. Record.*

—*Pennsylvania Epileptic Hospital and Colony Farm.*—An official decree has been filed allowing and approving the merger of the Pennsylvania Colony Farm for Epileptics with the Pennsylvania Epileptic Hospital, under the title of the Pennsylvania Epileptic Hospital and Colony Farm. Dr. Wharton Sinkler has been elected president of the new corporation and has appointed Messrs. Charles M. Lea, Henry M. Dechert, and W. W. Frazier and Drs. Charles K. Mills and J. C. Wilson members of the building committee. Plans are to be at once prepared for the early erection of buildings upon the farm recently purchased at Oakbourne, Chester County. For this purpose Mr. H. C. Lea has contributed $50,000. Previous subscriptions amount to $27,350, of which $14,000 have been used in the purchase of the farm; the balance will be devoted to the equipment, in modest style, of the institution and for its maintenance, in an experimental way, for the coming year. It is hoped that the movement will arouse the interest and support of the charitably disposed in all parts of the State.

—*Norristown Hospital for the Insane.*—Dr. Alice Bennett has resigned her position as chief resident physician in the department for women of the Norristown Hospital for the Insane, after a continuous service of sixteen years. The resignation has been accepted with regret by the trustees of the hospital, and Dr. Sarah J. Taber has been elected to succeed her.

South Carolina.—The law for the commitment of the insane hitherto in force has been amended by a provision allowing the superintendent of the State Asylum to receive and detain for a period not exceeding five days, any person who is certified as violent and insane and a case of emergency, on condition that there is also filed an application signed by a trial justice, mayor, alderman, intendant, or warden of the county, city, or town. In addition there shall also be furnished a list of answers to the questions now required by law, and the party committing such insane person shall file a bond in the sum of $100 with condition that he or she shall procure the regular legal order of commitment within five days, and failing this the patient shall be removed or discharged by the superintendent and suit brought, if he thinks fit, for the cost of maintenance of said patient while confined. The amendment also regulates the fees and the mileage for conveying patients to the hospital, to be paid out of the county treasury by order of the supervisor.

Texas.—Dr. William W. MacGregor of Laredo has been appointed superintendent of Southwestern Insane Asylum, San Antonio, vice Dr. B. M. Worsham, resigned.

— Dr. Benjamin M. Worsham has been appointed superintendent of the State Lunatic Asylum at Austin, vice Dr. C. T. Simpson, resigned.

— Dr. C. T. Simpson and Dr. John Threadgill have secured the contract for taking care of the insane of Oklahoma.

WISCONSIN.—*Northern Hospital, Oshkosh.*—This hospital has been the scene of some improvements during the incumbency of Dr. W. A. Gordon. We learn from a recent number of the Milwaukee *Sentinel* that night nurses, unlocked doors, and an increase of employments and recreations are the order of the day, and that Turkish and other baths, and a more diversified and nutritious diet, more largely vegetable, has been introduced; also a school in which several of the patients have been interested and benefited, such as has been also in use in Buffalo State Hospital, New York, in Indianapolis Hospital years ago, the idea of which seems to have mainly originated in the old Richmond Asylum, Dublin, Ireland, under the late doctor and medical superintendent, Lalor.

OBITUARY.

JOHN H. CALLENDER, M. D.

Dr. John Hill Callender is dead. This sad news brings sorrow to the hearts of the many friends who knew him but to love him. After an illness of two weeks he succumbed to an attack of dysentery on August 3, 1896. His final illness was characterized by patience and fortitude rarely seen, and his last moments were those of one who "wraps the drapery of his couch about him and lies down to pleasant dreams." Dr. Callender's life was a varied one. Born of distinguished parentage and liberally educated, he was preëminently fitted for the life of usefulness and honor which lay before him.

He was born November 28, 1831, near Nashville, Tenn. He attended the best classical schools in his native city, and at the age of seventeen he entered the University of Nashville, where he remained until 1850.

In 1851 he entered the law department of the University of Louisville, and in the following year went to Cambridge to avail himself of the more extended advantages offered by Harvard College.

His father's final illness and death called him to his home, and he abandoned further prosecution of his legal studies in compliance with the request of his dying father.

He then commenced the study of medicine, receiving his degree as doctor of medicine from the University of Pennsylvania in 1855.

For three years he was joint editor and proprietor of the Nashville *Patriot*, and in 1858 was elected to the chair of materia medica and therapeutics in Shelby Medical College, in Nashville, which position he occupied until 1861, when he was appointed surgeon to the Eleventh Tennessee Confederate Regiment.

In 1868 he was elected professor of materia medica and therapeutics in the medical department of the University of Nashville, and the following year was appointed superintendent of the Tennessee State Hospital for the Insane, where he remained until 1895, a period of twenty-seven years. He resigned this position intending to establish a private sanitarium. His intention was carried out, and just as hope was blending into realization of his ideal, he was removed by the inscrutable hand of a Divine Provi-

dence. From 1869 to 1880 he occupied the chair of diseases of the brain and nervous system in the University of Nashville, and in 1880 he became professor of physiology and psychology in the conjoined medical departments of the University of Nashville and Vanderbilt University. Upon the severance of the ties which bound the schools, Dr. Callender became dean of the medical faculty of the University of Nashville and professor of diseases of the brain and nervous system.

At the session of the American Medico-Psychological Association in 1879 he was chosen president of the organization, enjoying the enviable distinction of being the youngest man ever thus elected. He was one of the committee who gave expert testimony in the case of Charles J. Guiteau, who assassinated President Garfield, and after his examination of Guiteau he became convinced of his insanity, though he had previously thought him sane.

At the Ninth International Medical Congress, held at Washington in 1887, he was elected president of the section on physiology. His death took place at his private sanitarium, Morningside Retreat, in East Nashville.

As a teacher, Dr. Callender's style was clear, concise, didactic. His lectures, wanting in superfluous verbiage, were models of beauty, eloquence, and polished rhetoric.

The ease, grace, and dignity with which he handled his subject inspired in his hearers the feeling that the subject was being presented in a masterly manner by a master's hand.

While it was impossible for the interested listener to lose the trend of thought so logically and eloquently presented, yet he almost unconsciously would find his attention attracted to the beautiful figures and classical references which seemed to flow spontaneously from his lips.

During his early life he was attracted to politics, and when very young found himself a leader in the Whig party. He was a man of markedly pronounced convictions, which he unhesitatingly expressed in such a fluent manner that even his opponents respected and admired the ability with which he uttered his opinions.

He detested the demagogy so prevalent in politics, and some of the ablest editorials condemning it, which appeared in the papers from time to time, came from his facile pen.

His power of analysis was extraordinary, his essays peculiarly clear, and his arguments conclusive. Dr. Callender's name stood for everything that is lofty and ennobling. An evidence of the

esteem in which he was held by his professional brethren is the fact that he was, more than once, honored with the highest positions within their gift.

As an editor he was broad-minded and liberal; in statecraft an acknowledged authority; as a teacher of medicine, his peers were few, his superiors none; as a physician, among the foremost men of his time, particularly in his chosen field of mental medicine; as a civilian his life bears the closest scrutiny; as husband and father, tender, loving, indulgent.

At a glance one may read from the pages of his active public life, his ethical professional life, and his quiet, unostentatious, noble, Christian life, a more fitting eulogium than words can express.

His death is a national loss, his life a benediction. *Si quaeris monumentum circumspice!*

JAMES CHAMBERS PRYOR, M. D.

HENRY K. PUSEY, M. D.

Dr. Henry K. Pusey died on September 2, 1896, at Garnettsville, Ky., at the home of one of his daughters. Dr. Pusey had almost completed his three-score years and ten, but was active until one year ago, at which time his health failed so radically that he expressed the belief that his lifework was at an end. Dr. Pusey received his medical degree from the University of Louisville and practiced his profession in that city for many years, until appointed superintendent of the asylum at Lakeland. When Dr. Pusey took charge of this institution the number of inmates was 300, and the buildings inadequate and inconvenient, but when he relinquished his office they were modern in every respect, and the 1,200 patients occupying them were given the latest and best methods of treatment. Dr. Pusey was a member of a number of medical societies, among them the Medico-Psychological Association, the Medico-Legal Society of New York, and the Southern Association of Superintendents of Insane Asylums. Dr. Pusey was a recognized authority upon hospital architecture and sanitation, and he was one of the first to favor the building of houses for the insane no more than two stories in height. The board of directors of the Lakeside Asylum testified their appreciation of him by passing suitable resolutions, and by naming the latest addition to the asylum buildings "Pusey Hall." A more complete obituary will undoubtedly appear later in our pages.

JOHN H. CALLENDER, M. D.